

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John William Arnold*
Died at *Ocean Mines* Town *Northwest* County *Alleghany*
Date of death 190 *9* Aug *13* Age *49* Months *4* Days *2*

Sex *Male* Color or Race *White* Birth-place *Eckhard*
Occupation *Miner* Where Residing if not at place of death *Northwest*

Married, Single or Widowed *Married* Name of Wife or Husband *Mollie Arnold*

Father's Name *Jesse James Arnold* Father's Birthplace *Oakland*

Mother's Maiden Name *Elyzabeth Norton* Mother's Birthplace *Eckhard*

Name of person giving Information *L. H. Arnold* How related to deceased *Brother*

CAUSES OF DEATH

166

Primary *Struck on head by a mine prop at Ocean mine #1* How long *few minutes*
Immediate *Crushed skull* How long *few minutes*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of *Coroner*
Address *John F. Dressman*

PHYSICIAN
OR CORONER

Accident

Accident *Accident*

Jacob Hofer
Alleghany

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Catharine Beane Town Cumberland County Allegheny

Died at Cumberland Month Aug Day 31 Year 1967 Months 49 Days 67

Date of death 190 Aug 31 1967

Sex Female Color or Race White Birth-place Frostburg

Occupation none Where Residing if not at place of death Tom Beane

Married, Single or Widowed Widowed Name of Wife or Husband Tom Beane

Father's Name Huggins Father's Birthplace Ireland

Mother's Maiden Name Mary Ann Beane Mother's Birthplace Ireland

Name of person giving Information J. S. Beane How related to deceased Nephew

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Organic heart disease (initial) How long Don't know

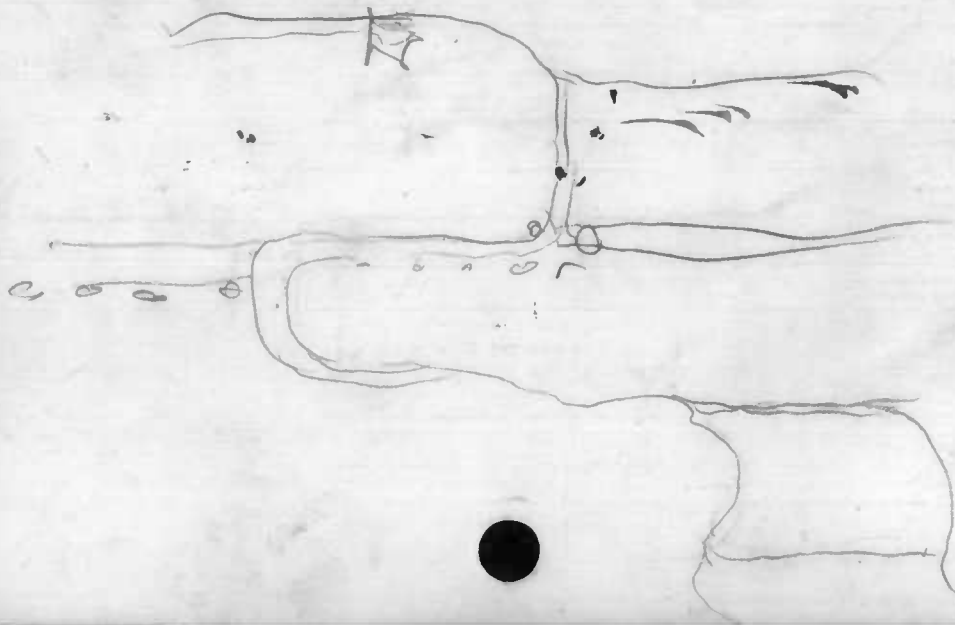
Immediate Heart failure from Cardiac dilation How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician James J. Johnson, M.D.

Address Cumberland Md.

Accident or Suicide 76g.



Name
in
Full

Thomas Joseph Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Ind Srag</i>		^{County} <i>Allegany</i>		MARYLAND	
Date of death	^{Month} <i>Aug</i>	^{Day} <i>14</i>	^{Years} <i>1</i>	^{Months}	^{Days} <i>11</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind Srag</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Festered Embolism</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion & Apoplexy</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>F. Alan E. Murray</i>
		Address	<i>Ind Srag</i>
Accident or Suicide		<i>Accident</i>	

11-1-11



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Mary E. Brown*

Town

County

MARYLAND

Died at

*Spumiland**Alleg*

Date

of death

1907

Month

Aug

Day

13

Age

Years

—

Months

5

Days

—

Sex

*Male*Color or
Race*White*Birth-
place*Md*

Occupation

Where Reiding if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Huaband*none*Father's
Name*Clinton Brown*Fether's
Birthplace*West Va*Mother's
Meiden Name*Mary Manual*Mother's
Birthplace*Md*Name of person giving
Information*Clinton Brown*How related
to deceased*Father*

CAUSES OF DEATH

8

Primery

Whooping Cough

How long

Several days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*

Signature of

Address

*Coroner**J. J. Dressman*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles G. Carpenter

Town

County

Died at Cumberland

Allegheny

MARYLAND

Date

of death

1909 Aug

Day

6

Age

Years

49

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Pa

Occupation

Mill Foreman

Where Residing if not
at place of death

Lewisburg Pa

Married, Single
or Widowed

Married

Name of Wife or
Husband

Elvina

Father's
Name

Adam V Carpenter

Father's
Birthplace

Pa

Mother's
Maiden Name

Sarah Paul

Mother's
Birthplace

Pa

Name of person giving
Information

Arthur Carpenter

How related
to deceased

Son.

CAUSES OF DEATH

64

Primary

apoplexy

How long

Four minutes

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Thos. H. Davis

Address

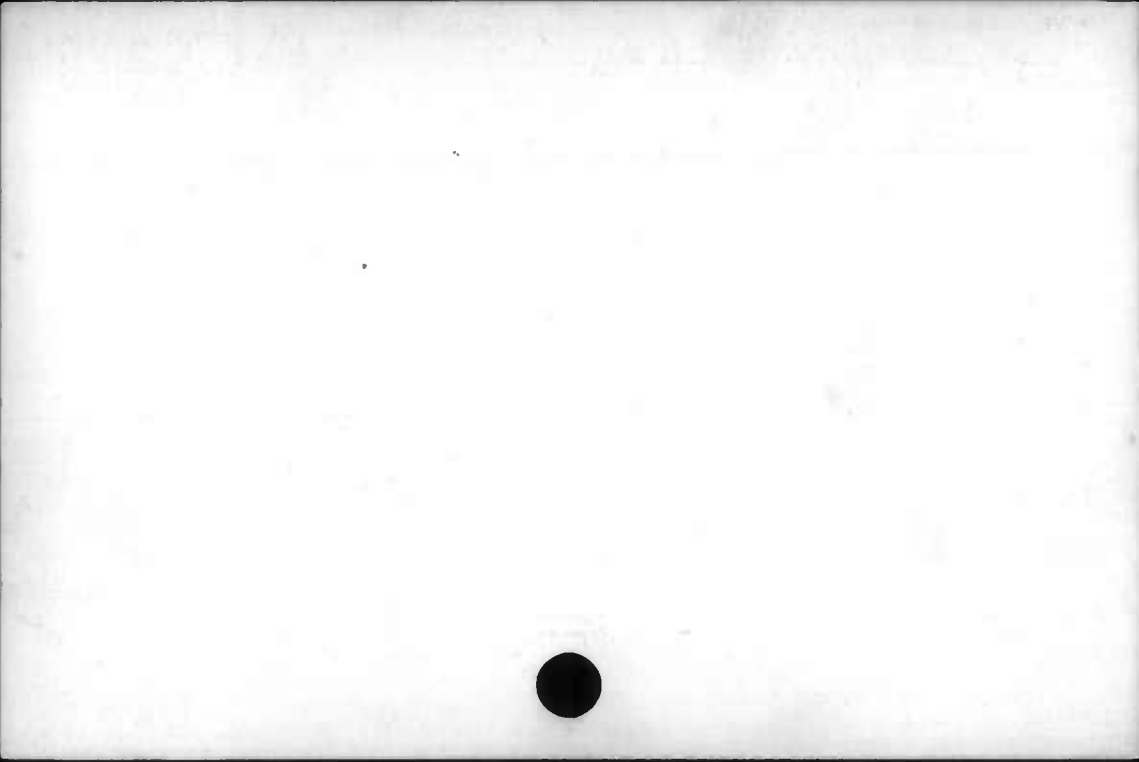
Cumberland

Md

Attestation: Suicide

Lewisburg Pa

PHYSICIAN
OR CORONER



Name
in
Full

Antonio Colletti -
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at

Cumberland Allegany

Date

of death

1909

Month

8

Day

21

Years

Age 30

Months

Days

Sex

Male -

Color or
Race

White

Birth-
place

Italy

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

g. M.

Father's
Birthplace

Italy

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
information

How related
to deceased

CAUSES OF DEATH

Primary

Fract Base of Skull

How long

2 1/2 mos

Immediate

Basilar Meningitis

How long

5 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. B. Claybrook

Address

Cumberland Md

Accident or Suicide

Accident

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bucket of steam should feel on him in doing
concrete construction work.

Name
in
Full

CERTIFICATE OF DEATH

Alverno E Conrad

Town

County

Died at

Cumberland

Alleg

MARYLAND

Date

of death 1909 Aug

Month

Day

15

Age

Years

—

Months

5

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Major D Conrad

Father's
Birthplace

Va

Mother's
Maiden Name

Vera Fisher

Mother's
Birthplace

Md

Name of person giving
Information

Major D Conrad

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Enterocolitis

How long

1 month

Immediate

Exhaustion

How long

1 wk

Are the name, age, sex, color, date
and place correctly given above?

Steve

Signature of
Physician

Dr C L Owens

Address

Cumberland
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

33

Reverend



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Margaret Cook

Town *Moscow Mills* County *Alligany* MARYLAND

Died at *Moscow Mills*

Date of death 1909 *Aug* 19 *19* Age *72* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Scotland*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *James Cook (deceased)*

Father's Name *Alexander Beal* Father's Birthplace *Scotland*

Mother's Maiden Name *Mary Beal* Mother's Birthplace *"*

Names of person giving Information *Alex Cook* How related to deceased *Son*

CAUSES OF DEATH

(40)

PHYSICIAN
OR CORONER

Primary *Carcinoma of Stomach* How long *5 months*

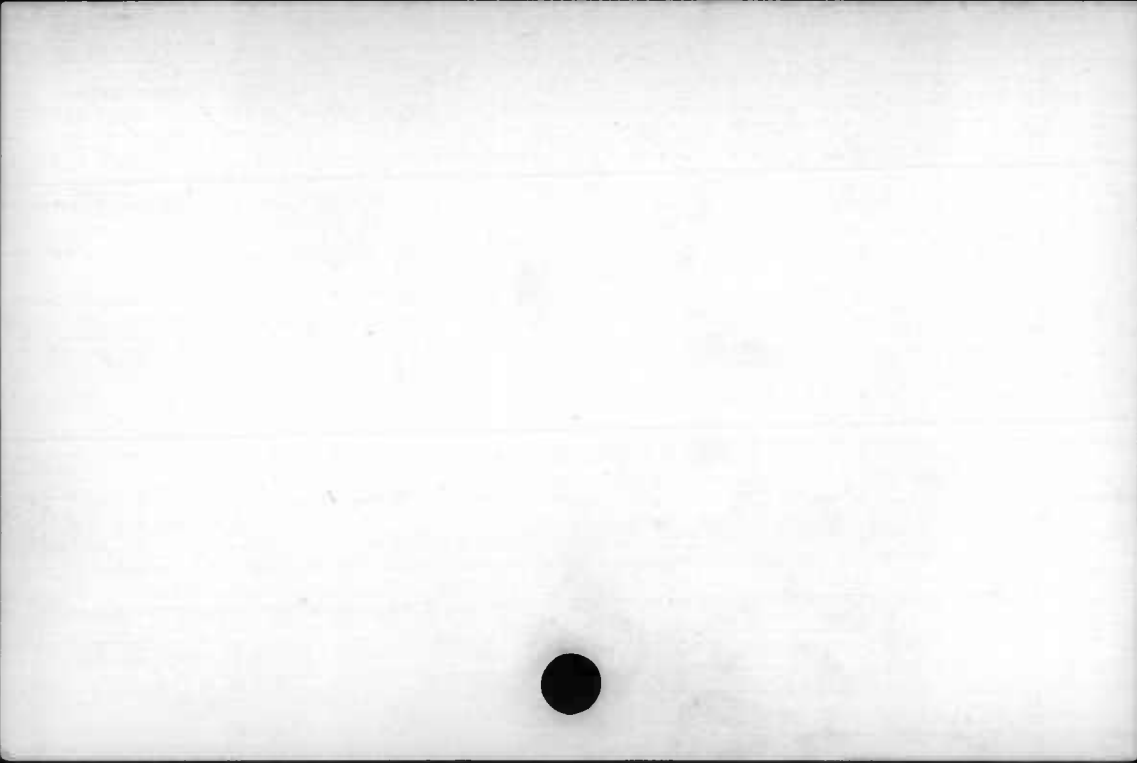
Immediate *Inanition* How long *3 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W B Skilling MD*

Address *Linacoming*

Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William J. Cooper

Town _____ County _____

Died at *Cumberland/alleghany* **MARYLAND**

Date of death 1909 *8* Month *22* Day *76* Age *0* Months *0* Days

Sex *Male* Color or Race *White* Birth-place *Va*

Occupation *Shannon* Where Residing if not at place of death *Cumberland*

Married, Single or Widowed *Single* Name of Wife or Husband *don*

Father's Name *don't know* Father's Birthplace *don't know*

Mother's Maiden Name *don't know* Mother's Birthplace *don't know*

Name of person giving Information *Willis Thomas* How related to deceased *Son Law*

CAUSES OF DEATH

(120)

PHYSICIAN
OR CORONER

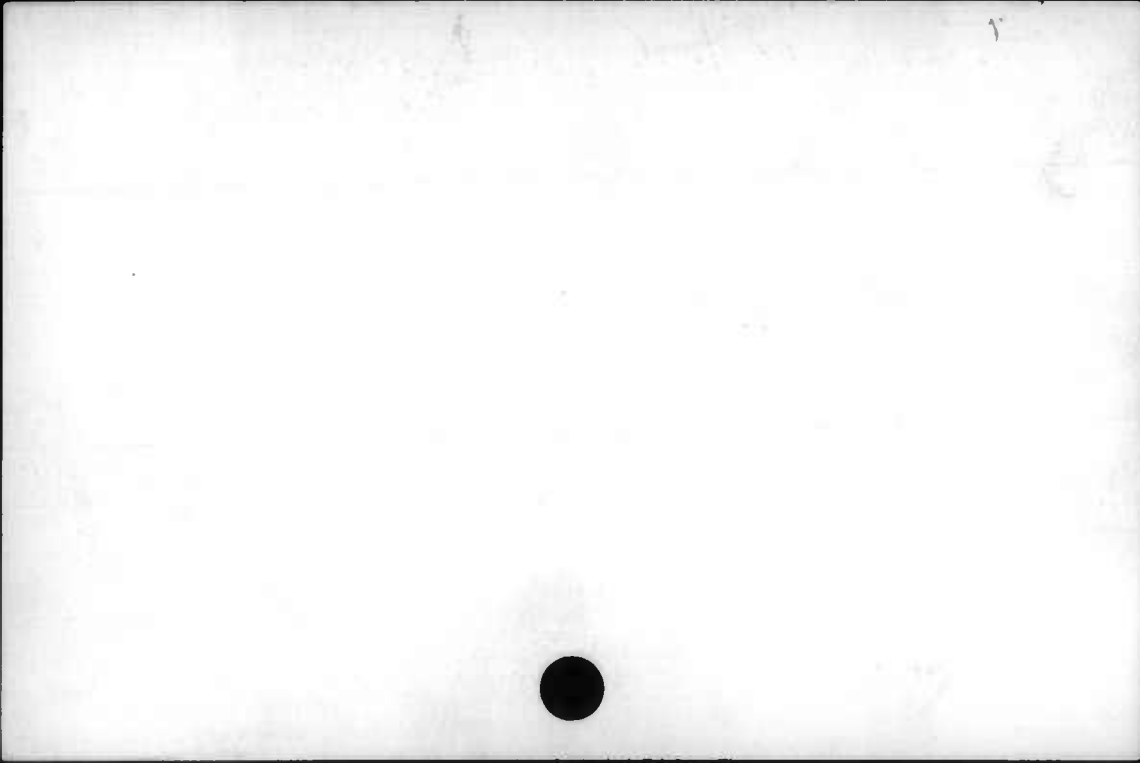
Primary *Wrenia Comed* How long *18 hours.*

Immediate _____

Are the name, age, sex, color, date and place correctly given above ? _____

Signature of Physician *Thos. H. Jones* Address *Cumberland Md*

Accident or Suicide _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Crosby*
Died at *Cumt* *Alleg*
Date of death *1909 Aug 12* Age *1*

MARYLAND

Sex *Male* Color or Race *White* Birth-place *Md*
Occupation *none*

Where Residing if not
at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Harvey Crosby*

Father's Birthplace *Pa*

Mother's Maiden Name *Anna Beal*

Mother's Birthplace *Md*

Name of person giving Information *Harvey Crosby*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Gastro Enteritis*

How long *105* *1 month*

Immediate *Exhaustion*

How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

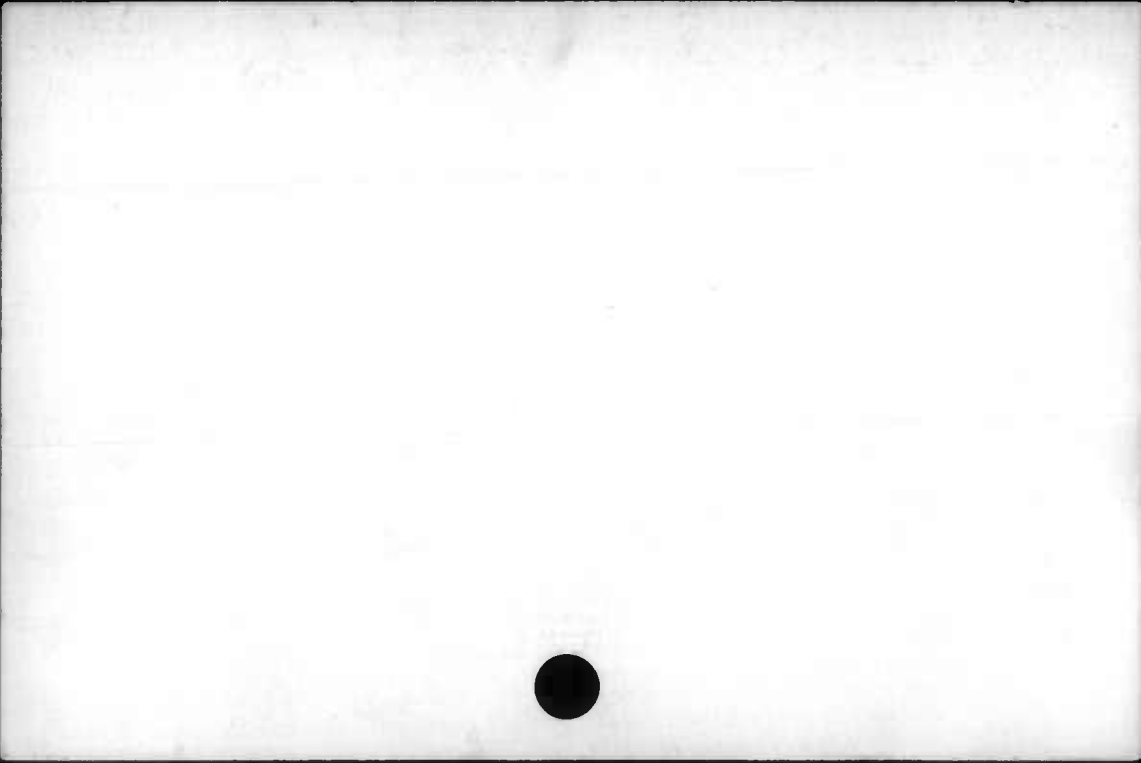
Address

Accident or Suicide



Dr. F. L. Owens
Cumtland Md

PHYSICIAN
OR CORONER



Name
in
Full

Melched Cunningham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Threaton</i> ^{Town}		<i>Alley</i> ^{County}		MARYLAND	
Date of death	1909	Month	Aug	Day	25
Age	25	Years	—	Months	8
Sex	<i>M</i>	Color or Race	<i>White</i>	Birth-place	<i>Frostburg Md</i>
Occupation	—		Where Residing if not at place of death —		
Married, Single or Widowed	—		Name of Wife or Husband —		
Father's Name	<i>John Cunningham</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Lippina Thomas</i>			Mother's Birthplace	<i>Wales</i>
Name of person giving information	<i>Mrs Cunningham</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantis</i>	How long	<i>one week</i>
Immediate	<i>Exhaustion</i>	How long	—
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Griffith</i>	
		Address <i>Frostburg Md</i>	
Accident or Suicide?			

Human Life

F. W. & H. Co

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

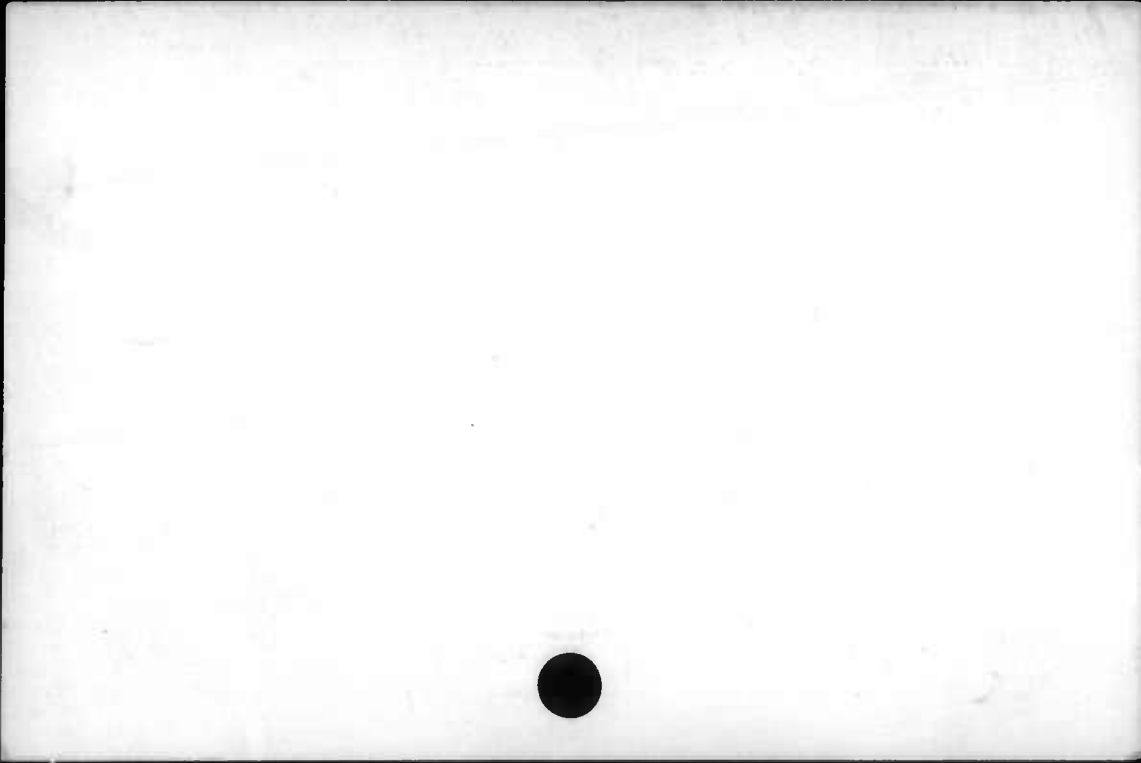
Name Nancy Dang Henry Town Sylvan County Allegheny
Died at Sylvan Retreat Allegheny MARYLAND
Date of death 1909 Aug 17 Age 53 Years Months Days
Sex Female Color or Race White Birth-place Scotland
Occupation Housekeeper Where Residing if not at place of death —
~~Married, Single~~ Widowed Name of Wife or Husband Do not know
Father's Name Do not know Father's Birthplace Not known
Mother's Maiden Name Do not know Mother's Birthplace Not known
Name of person giving Information Gen. J. H. H. H. How related to deceased None

CAUSES OF DEATH

(69)

PHYSICIAN
OR CORONER

Primary Epilepsy How long Lifetime
Immediate Convulsions Exhaustion How long 10 days
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician W. F. Swigg
Address Cumberland, Md.
Accident or Suicide Stun.



Name
in
Full

William Henry Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Throbbing</u> ^{Town}		<u>Calver</u> ^{County}		MARYLAND	
Date of death	1909	Month	July	Day	23
Age	Years		Months		Days
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation			Birth-place	<u>Throbbing</u>	
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name	<u>Daniel Davis</u>			Father's Birthplace	<u>Ohio</u>
Mother's Maiden Name	<u>Rachel Harris</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>Daniel Davis</u>			How related to deceased	<u>Brother</u>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantis</u>	How long	<u>2 weeks</u>
Immediate	<u>Cerebral</u>	How long	<u>9 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>J. G. Miller</u>	
		Address	
		<u>Throbbing Ind.</u>	
Accident or Suicide?			

McLwkey

Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Marie Detavern

Town

County

MARYLAND

Died at

burr

Alle

Date

Month

Day

Years

Months

Days

of death

1909 Aug

20

Age

16

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Missie Teacher

Where Residing if not
at place of death

Western Md Hospital

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

X Ellen Garkens

Father's
Birthplace

Vir

Mother's
Maiden Name

John Detavern

Mother's
Birthplace

Vir

Name of person giving
Information

Mr Geo Landwehr

How related
to deceased

Aunt

CAUSES OF DEATH

Primary

Ruptured abdominal abscess

How long

18 hours

Immediate

Peritonitis and shock

How long

6 "

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

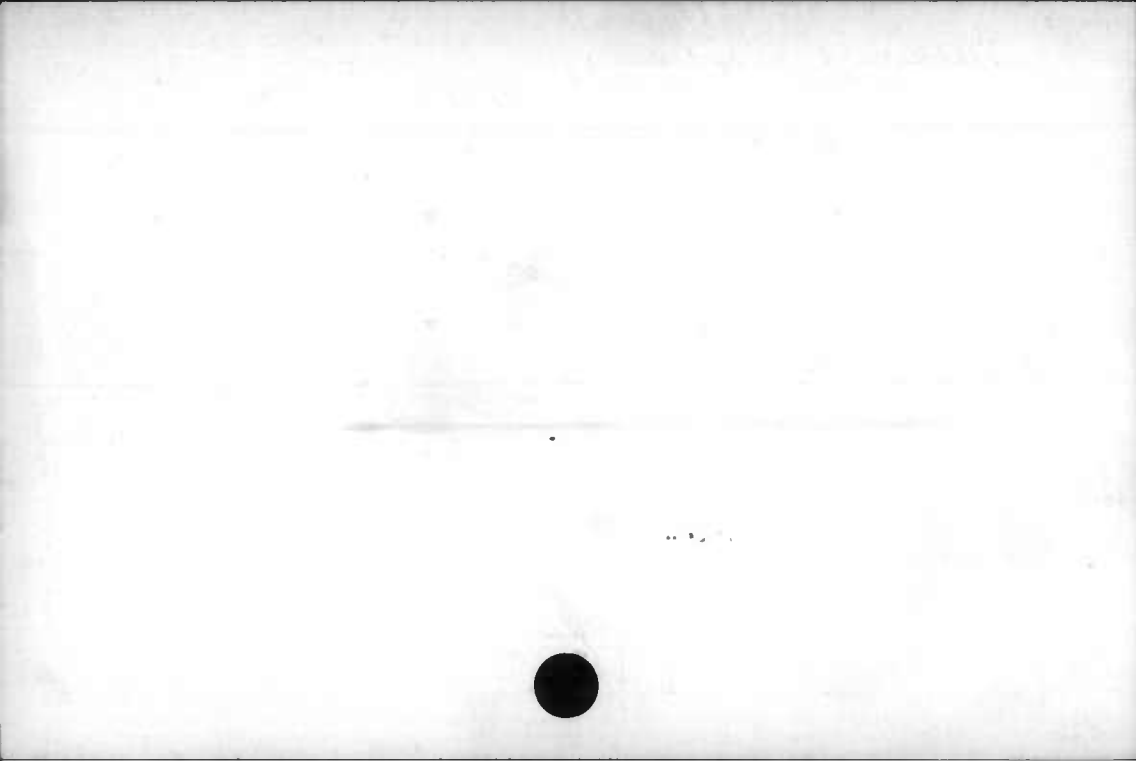
Address

E. H. Grace M. D.

Cumberland -
Md -

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

Robert Rayton Diamant.

CERTIFICATE OF DEATH

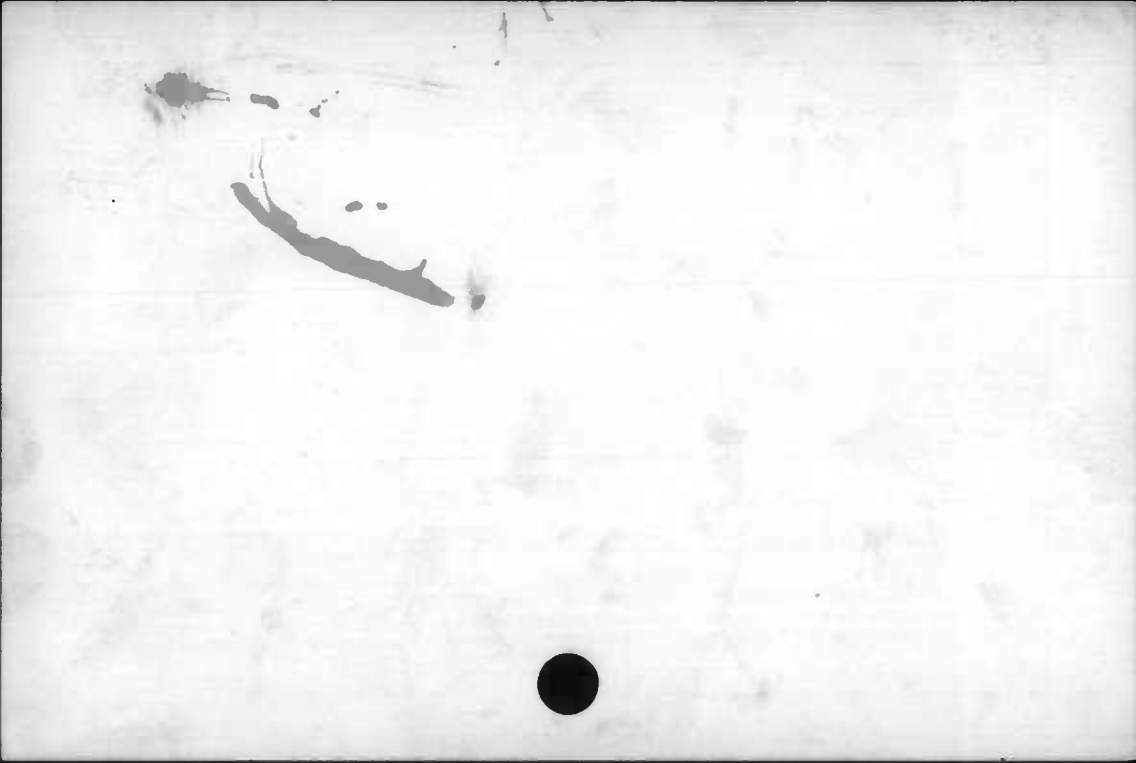
Died at ^{Town} Cumberland ^{County} Allegany		MARYLAND	
Date of death	1909 August 25th	Age	—
Sex	Male	Color or Race	White
Occupation	—		
Married, Single or Widowed	—	Name of Wife or Husband	—
Father's Name	William Rayton Diamant.	Father's Birthplace	Cedarville N. J.
Mother's Maiden Name	Sarah Inokeep Rizer.	Mother's Birthplace	Cumberland Md
Name of person giving Information	Hervey Lee Rizer	How related to deceased	Uncle

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Myocardia - Anterochordal	How long	—
Immediate	During & head face pressure	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. S. Claybrook M.D.
		Address	Cumberland Md
Accident or Suicide	—		

PHYSICIAN
OR CORONER



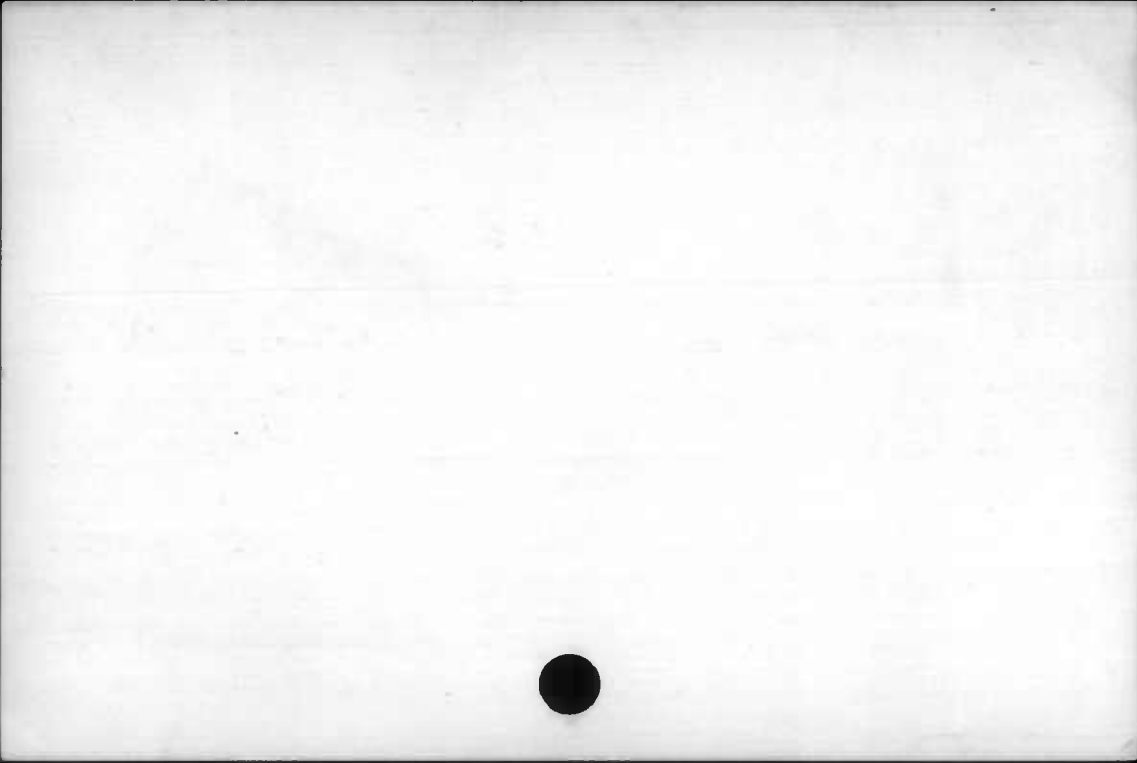
Name in Full Mary Elizabeth French

CERTIFICATE OF DEATH

Died at <i>Cumtland</i>		County <i>Alleghany</i>		MARYLAND	
Date of death	1909	Month	Aug.	Day	6th
Age		82		Years	
Sex		Female		Color or Race	White
Occupation				Birth-place	Barto Md.
Married, Single or Widowed		Widow		Name of Wife or Husband	Robert A French
Father's Name		Jephtha Woods		Father's Birthplace	Barto Mo.
Mother's Maiden Name		Harriet Lee		Mother's Birthplace	Mass.
Name of person giving Information		Clara L French		How related to deceased	Daughter

154

Primary	General Break Down	How long	6 mos
Immediate	Coma	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. H. Brace M.D.
	Yes	Address	Chumbert Ind
Accident or Suicide	—		



Name
in
Full

Mary B Garman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County			
Chumbulaud		Alleg					
Date of death		Month	Day	Age	Years	Months	Days
1909 Aug 19				48			
Sex	Female	Color or Race	White	Birth-place	Pa.		
Occupation	Housekeeper	Where Residing if not at place of death					
Married, Single or Widowed	Widow.	Name of Wife or Husband		H. A. Garman			
Father's Name	Wilson Gernand	Father's Birthplace		DK			
Mother's Maiden Name	Do not know	Mother's Birthplace		DK			
Name of person giving Information		Edward Garman		How related to deceased		Son	

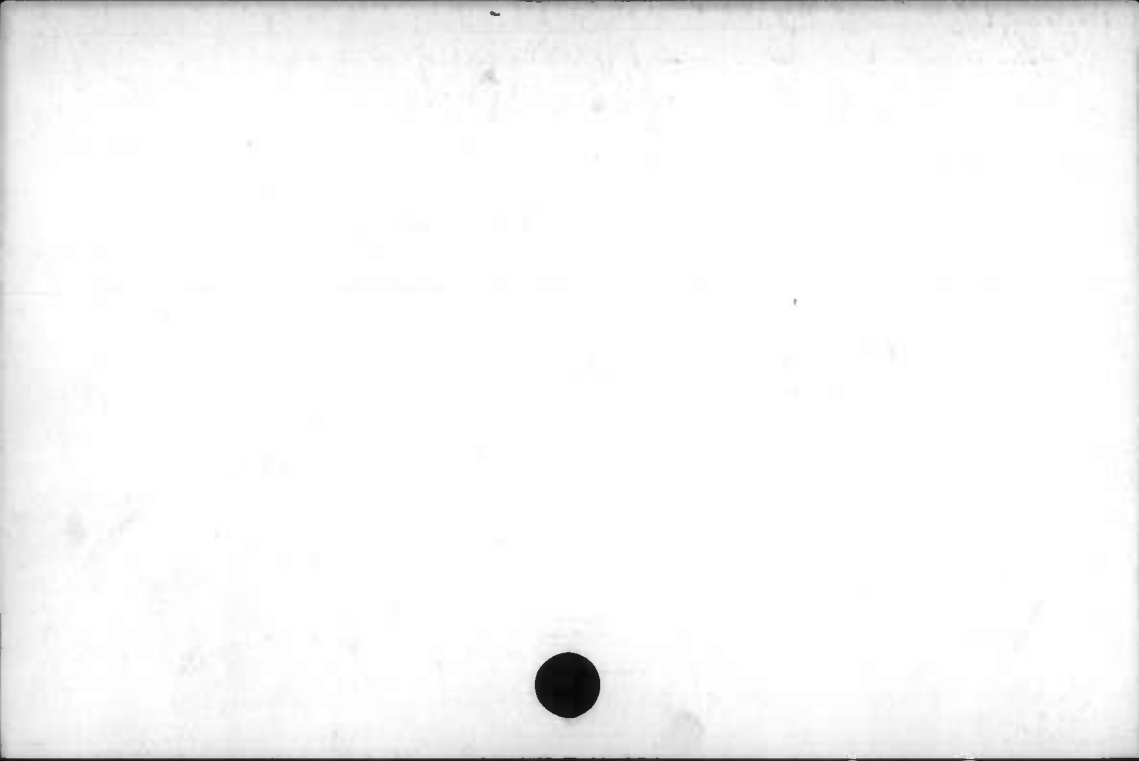
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CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Paralysis		How long	about 7 years
Immediate	Cerebral Hemorrhage		How long	half hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Address		
Accident or Suicide				



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		August	6		3		
Sex		Color or Race		Birth-place			
Female		white		Frostburg			
Occupation		Where Residing if not at place of death		Frostburg			
Married, Single or Widowed		Name of Wife or Husband		D. I. Griffith			
Single							
Father's Name		Father's Birthplace		Isaac Griffiths		Wales	
Mother's Maiden Name		Mother's Birthplace		Mary Clayton		Wales	
Name of person giving information		How related to deceased		D. I. Griffiths		Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	71 Sunday
Immediate	re	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Griffiths	
		Address	
		Frostburg, Md	
Accident or Suicide?			

M & Luckies
Cemetery

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant *Hammer Smith* *Hammond* *Allegheny*
 Died at *Hammond* *Allegheny* *MARYLAND*
 Date of death 1909 *Aug* *14* Age *—* Months *—* Days *—*
 Sex *Female* Color or Race *White* Birth-place *Ind*
 Occupation *—* Where Residing if not at place of death *—*
 Married, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *Wolfgang Hammer Smith* Father's Birthplace *Germany*
 Mother's Maiden Name *Maggie Miller* Mother's Birthplace *Ind*
 Name of person giving Information *Wolfgang Hammer Smith* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still Born* How long *8*
 Immediate *—* How long *—*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *Chas. H. Looney* Address *Peru, Ind*
 Accident or Suicide *—*

PHYSICIAN
OR CORONER

Olave

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *infant Killeary* Town *Barnuda* County *Alleg*
Died at *Barnuda* MARYLAND
Date of death *1909 Aug 28* Age *—* Months *—* Days *—*
Sex *Male* Color or Race *White* Birth-place *Ind*
Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *none*
Father's Name *Harry B Killeary* Father's Birthplace *West Va*
Mother's Maiden Name *Eliza Kelly* Mother's Birthplace *—*
Name of person giving Information *William Miller* How related to deceased *Uncle*

CAUSES OF DEATH

Primary *Still Born* How long *—*
Immediate *Still Born* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

F. R. Burkholder
Cumberland
Burkholder Ind.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Wilbur Hilleary

Town

County

MARYLAND

Died at

Cunda alley

Date

of death

1909

Month

Aug

Day

10

Age

Years

Months

3

Days

20

Sex

male

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

None

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

W. H. Hilleary

Father's
Birthplace

Pa

Mother's
Maiden Name

Anna Sides

Mother's
Birthplace

Pa

Name of person giving
Information

"

"

How related
to deceased

Mother

CAUSES OF DEATH

179

How long

3 Mo -

Primary

Marasmus.

How long

3 Mo.

Immediate

Sick as marshmump

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Steve

F. Bairdell

Accident or Suicide

Innoman Pa

Cumberland Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

965-10-10



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

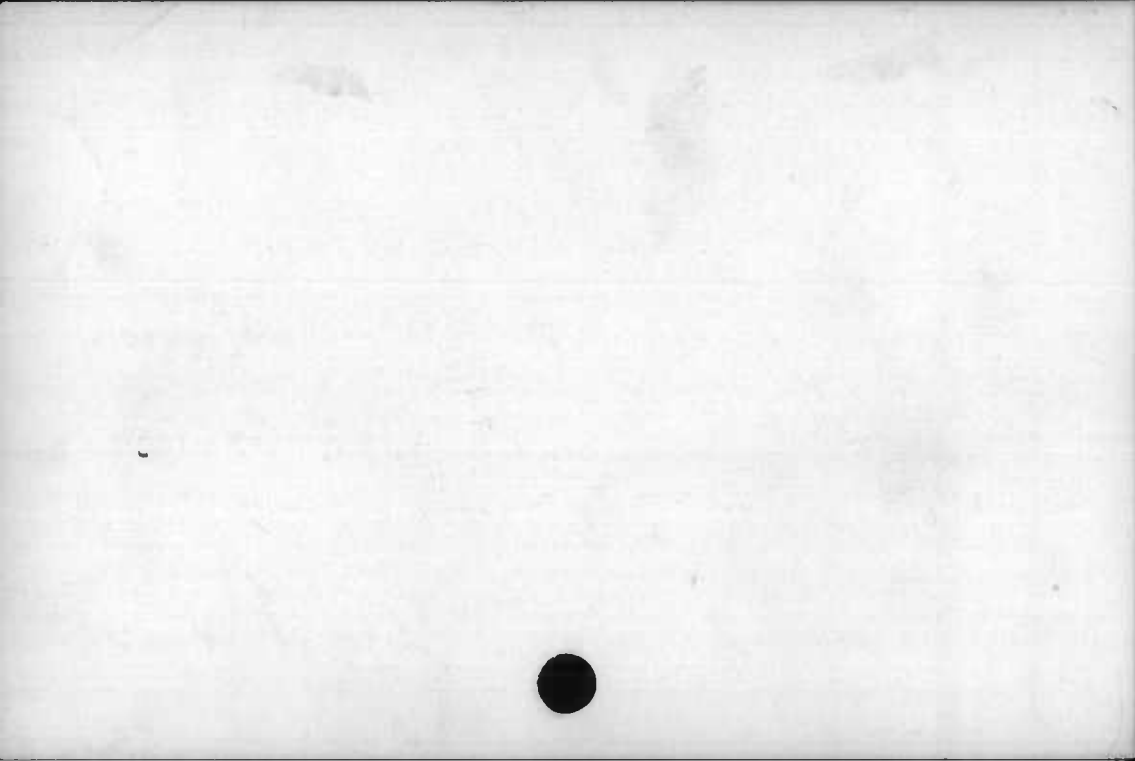
Died at <i>Leorigansville</i>		Town		<i>Allegheny</i>		County		MARYLAND	
Date of death 190	<i>9</i>	Month	<i>8</i>	Day	<i>2</i>	Age	<i>1/2</i>	Years	<i>born</i>
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth- place	<i>Leorigansville</i>		
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name					Father's Birthplace				
<i>Alvin P. Hodge</i>					<i>St. Louis Mo</i>				
Mother's Maiden Name					Mother's Birthplace				
<i>Hester Emmerich</i>					<i>Fairhope Pa</i>				
Name of person giving in formation					How related to deceased				
<i>Hester Willison</i>					<i>uncle</i>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>		How long	<i>8 mos</i>
Immediate	<i>Anemia</i>		How long	<i>1/2 born</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes</i>		<i>Heard. Smith</i>		
		Address		
		<i>Ellerslie</i>		
Accident or Suicide?				
<i>No</i>				



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant *Mr & Mrs Ed. Holmes*
Town County

Died at *Camptona* *Accogary* **MARYLAND**
Month Day Years Months Days

Date of death 1909 *Aug* *11* Age *—*

Sex *Female* Color or Race *Colored* Birth-place *Annul*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Edward Holmes* Father's Birthplace *Va*

Mother's Maiden Name *Sarah Jones* Mother's Birthplace *N. C.*

Name of person giving Information *Edward Holmes* How related to deceased *Father*

CAUSES OF DEATH

Primary *(Still born)* How long *S*

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

True

Signature of Physician

Address

J. V. Downing MD
134 N. Center St.
Camptona Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Loretta Johnson

Town

County

MARYLAND

Died at

Cumtland

alleg

Date

of death

1909 Aug

Day

10

Age

Years

18

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Pa

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

David Johnson

Father's
Birthplace

Pa

Mother's
Maiden Name

Anna Marshall

Mother's
Birthplace

"

Name of person giving
Information

Lizzie Marshall

How related
to deceased

Granddaughter

CAUSES OF DEATH

Primary

Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Surgeon Shavers
104 N. Mechanic

Accident or Suicide

—

How long

5 mos

How long

3 mos

(27)

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1 Brother between Gilgane
Island

Name
in
Full

Infant Kerns

CERTIFICATE OF DEATH

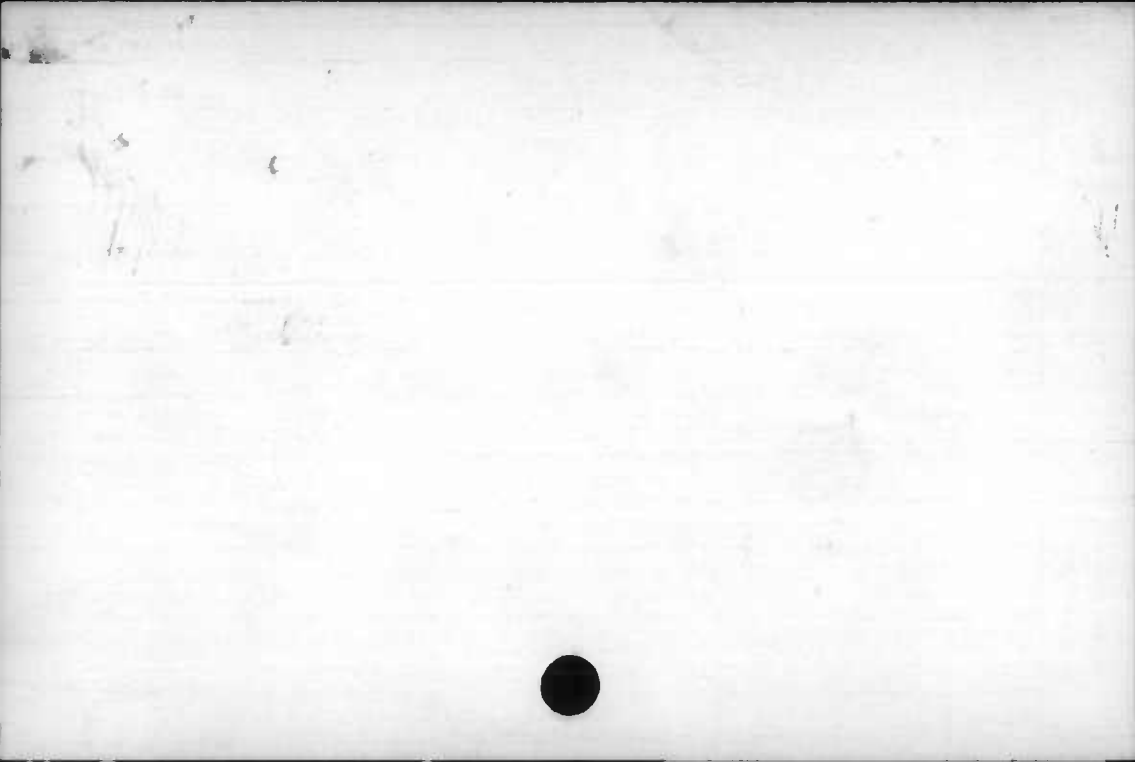
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Aug	15	0	0	0	
Sex		Color or Race		Birth-place			
male		white		md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
unknown							
Mother's Maiden Name				Mother's Birthplace			
Alice Kerns				md			
Name of person giving Information				How related to deceased			
Alice Kerns				mother			

✓

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary	How long
Premature birth	1
Immediate	How long
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician
	Address
	Alt. Place. H. O.
	Alex Co
	md
Accident or Suicide	



Name
in
Full

Lillian Kusurker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumuld Town Allog County MARYLAND
Date of death 190 4 Month Aug Day 13 Age — Years — Months — Days 11
Sex Female Color or Race White Birth-place md
Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None
Father's Name Charles Kusurker Father's Birthplace West Va
Mother's Maiden Name Lena Trainer Mother's Birthplace West Va
Name of person giving Information Lena Trainer How related to deceased Mother

CAUSES OF DEATH

Primary Acute Indigestion How long 3 days
Immediate Convulsions How long 1 day

Are the name, age, sex, color, date and place correctly given above?

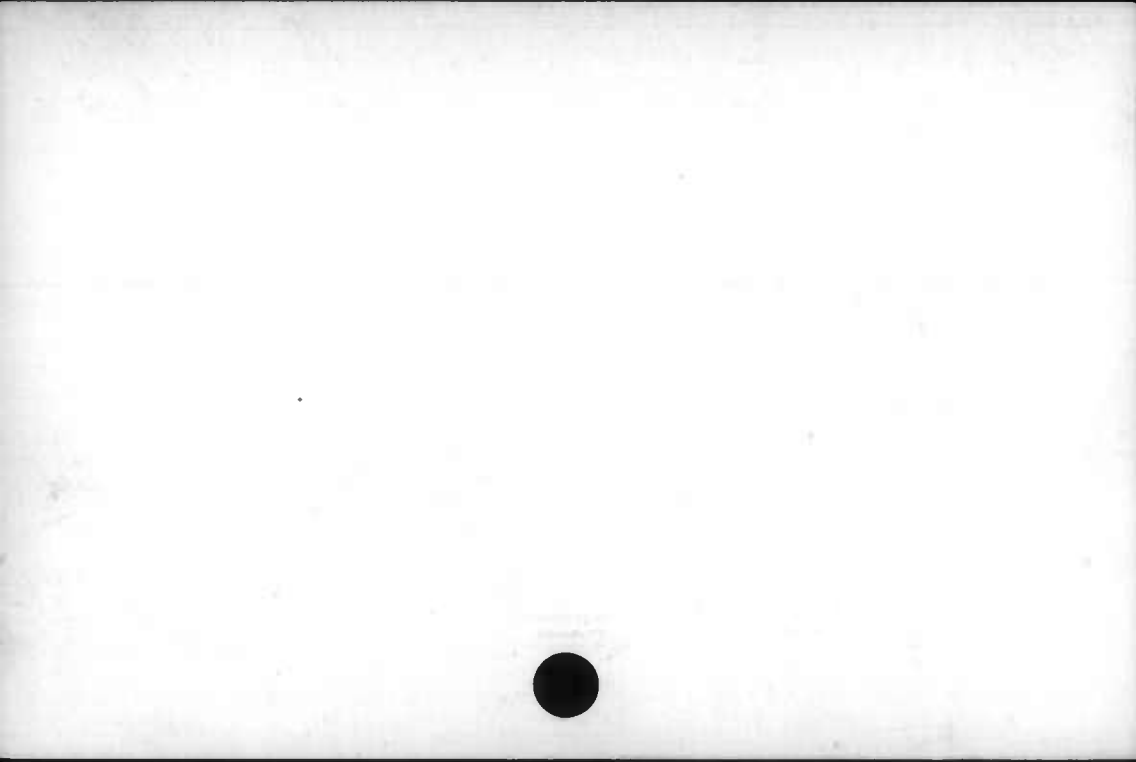
Steve

Signature of Physician

Address

C. L. Cluett
Cumberland
owns md

Accident or Suicide



Name
in Full

Marshall William Knipple
Town Alle County

CERTIFICATE OF DEATH

MARYLAND

Died at *Cum* Month *Aug* Day *15* Years *1* Months *1* Days *7*
Date of death

Sex *Male* Color or Race *White* Birth-place *md*
Occupation *none*

Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *W G Knipple*

Father's Birthplace *Pa*

Mother's Maiden Name *Lora Albright*

Mother's Birthplace *Pa*

Name of person giving Information *W G Knipple*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Enterocolitis*

How long *2 weeks*

Immediate *Exhaustion*

How long *-*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Steve Mansbach
Accident or Suicide

Thos. H. Laver
Cumtong
Koon

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Henry K. Laemmert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Frostburg* ^{town} County *Allegany* MARYLAND

Date of death 1909 *Aug* ^{Month} *9* ^{Day} Age *30* ^{Years} *8* ^{Months} *11* ^{Days} *29*

Sex *male* Color or Race *white* Birth-place *Frostburg*

Occupation *Salesman* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Henry Laemmert* Father's Birthplace *Germany*

Mother's Maiden Name *Catherine Brock* Mother's Birthplace *Shaft 17th*

Name of person giving Information *Oscar Laemmert* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *4 weeks*

Immediate *Peritonitis Perforated bowels & abscess* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Geo. L. Livingston*

Address *Frostburg Md*

Accident or Suicide *—*

Carol Harper
Persey

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Joseph Lennert
 Died at ^{Town} Int Savage ^{County} Allegany **MARYLAND**
 Date of death 1909 ^{Month} Aug ^{Day} 27 ^{Years} Age ^{Months} 8 ^{Days} 8
 Sex Male Color or Race white Birth-place Maryland
 Occupation --- Where Residing if not at place of death Int Savage & Ind

Married, Single
or WidowedName of Wife or
HuabandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

How long

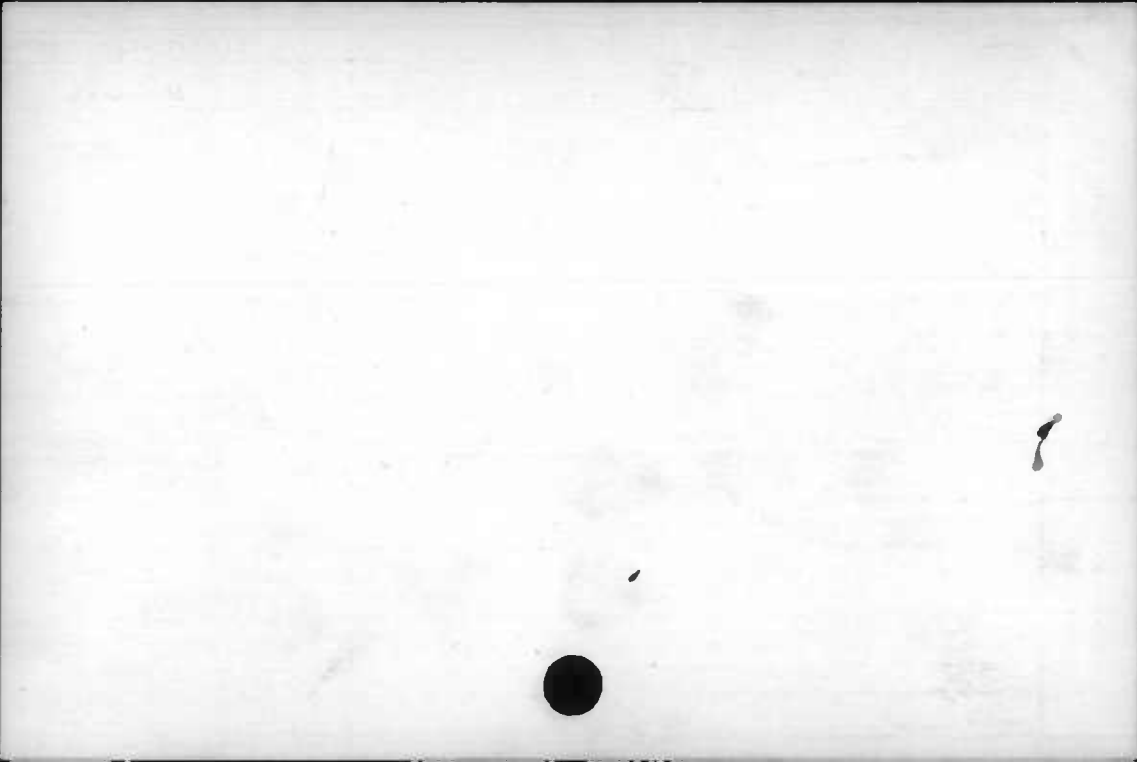
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide



Name
in Full

Herbert Lischleiter

CERTIFICATE OF DEATH

Died at

Cumberland ^{Town} Allegany ^{County}

MARYLAND

Date

of death 1909 Aug

Month

Day

Age

Years

Months

Days

Sex

male

Color or Race

White

Birth-place

Cumld

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

William Lischleiter

Father's Birthplace

W. Va

Mother's Maiden Name

Irene Painter

Mother's Birthplace

va.

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary

Chronic Intestinal Indigestion

How long

2 months

Immediate

Convulsions

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr C L Haver

Address

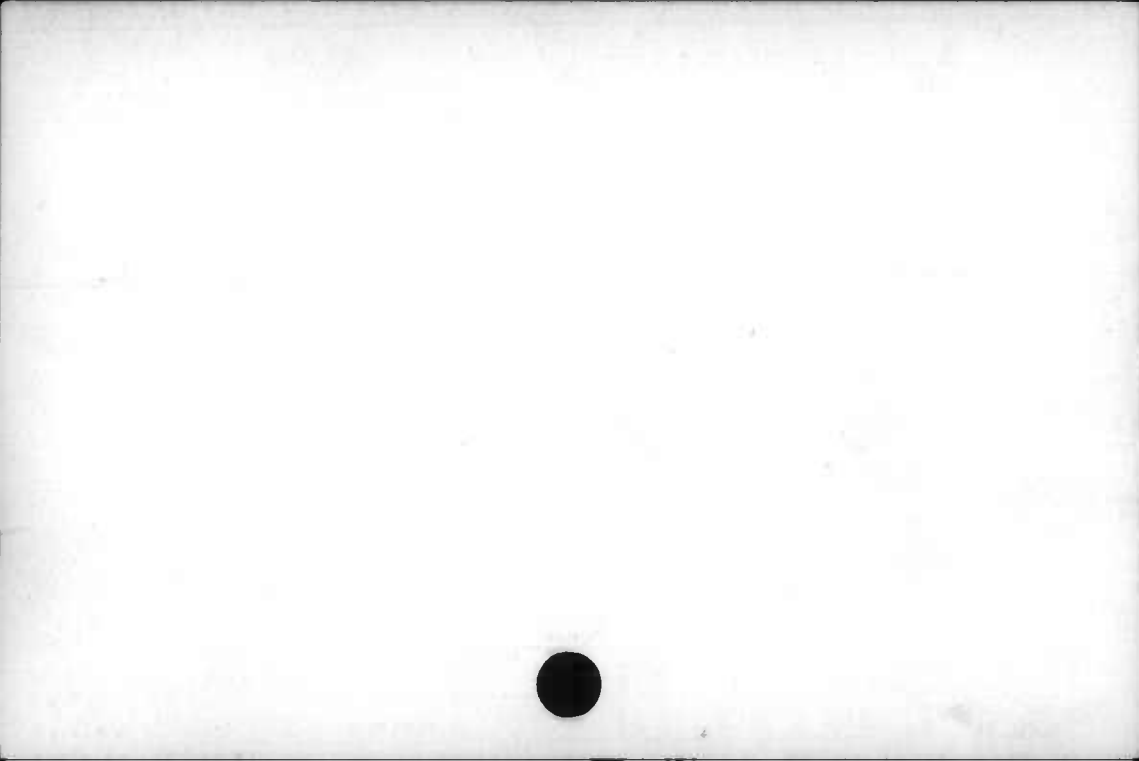
Cumberland Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

105



Name
in
Full

CERTIFICATE OF DEATH

Samuel Liven

Town

County

MARYLAND

Died at near Cumberland

Allegheny

Date

of death 1909 Aug.

Day

2

Age

32

Years

Months

Days

Sex

male

Color or
Race

White

Birth-
place

Russia

Occupation

Laborer

Where Residing if not
at place of death

Do not know

Married, Single
or Widowed

Married

Name of Wife or
Huaband

Do not know

Father's
Name

Do not know

Fether's
Birthplace

D. K.

Mother's
Maiden Name

Do not know

Mother's
Birthplace

D. K.

Name of person giving
Information

Russian Friend

How related
to deceased

none

CAUSES OF DEATH

166

Primary

Dynamite Explosion

How long

Two days

Immediata

Shock & oedema of lungs

How long

Two days.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. R. Hodges

Address

Cumberland

Accident or Suicide

Accident

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jessie Long

Died at

bunka

Town

County

Alleg

MARYLAND

Date

of death

1909

Month

Aug

Day

24

Age

Years

Months

4

Days

Sex

Female

Color or
Race

White

Birth-
place

md

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Richard Long

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Darr

Mother's
Birthplace

West Va

Name of person giving
Information

Richard Long

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Enterococci

How long

4 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

F. H. Fochman

Cumberland Md.

P. O. Box 100

Accident or Suicide

PHYSICIAN
OR CORONER

21 Aug 19

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Thomas Luck* Town *Cumberland* County *Alleg*
 Died at *Cumberland* *Alleg*
 Date of death *1909 Aug. 8* Month *Aug.* Day *8* Age *—* Years *—* Months *4* Days *—*
 Sex *male* Color or Race *White* Birth-place *Cumuld*
 Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*
 Father's Name *Frank K. J. Luck* Father's Birthplace *Germany*
 Mother's Maiden Name *Annie M. Geyserhame* Mother's Birthplace *Mass*
 Name of person giving Information *J. J. Luck* How related to deceased *Father*

CAUSES OF DEATH

105

Primary *Enteric Colitis* How long *2 Max*
 Immediate *Exhaustion* How long *—*

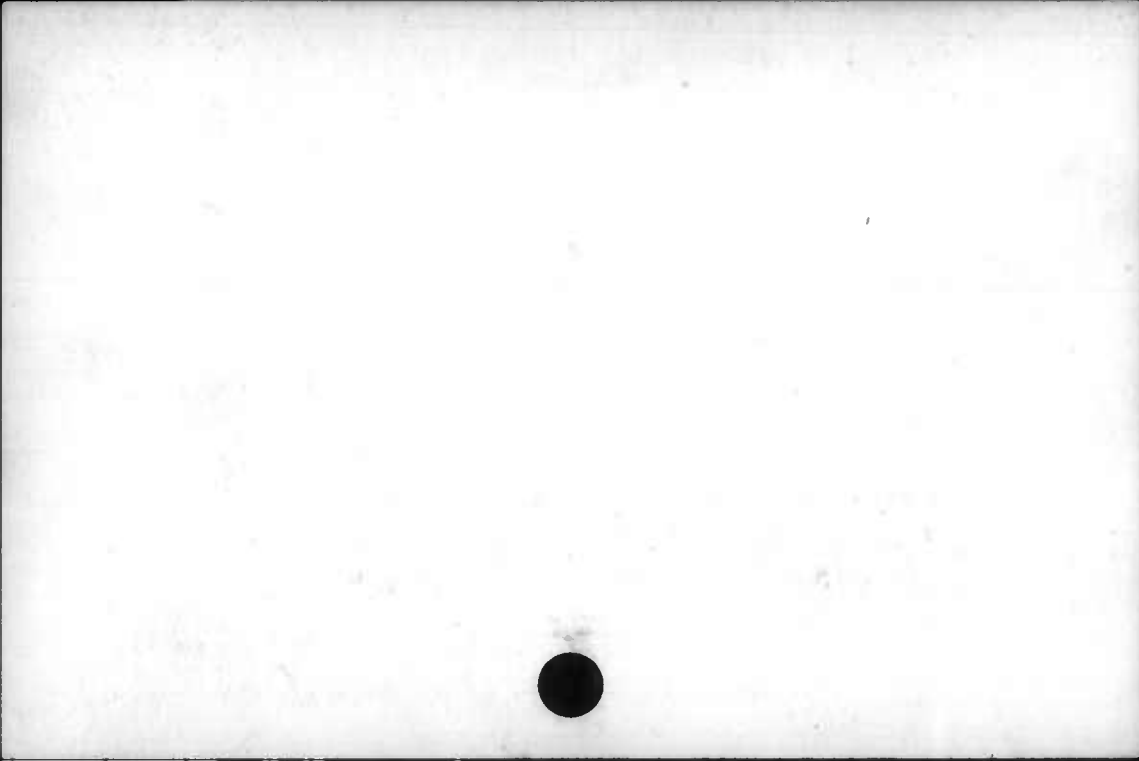
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Block

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at

Town

County

MARYLAND

Date
of death

1909

Month

8

Day

28

Age

Years

26

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Cooks Mills

Occupation

Repair Hand

Where Residing if not
at place of death

Corriganville

Married, Single
or Widowed

Married

Name of Wife or
Husband

Ella Overline

Father's
Name

John Madden

Father's
Birthplace

Trees Creek

Mother's
Maiden Name

Rebecca G. Long

Mother's
Birthplace

" "

Name of person giving
Information

Robert J. Madden

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Typhoid Fever

How long

2 weeks

Immediate

Run over by C. P. Train instantly

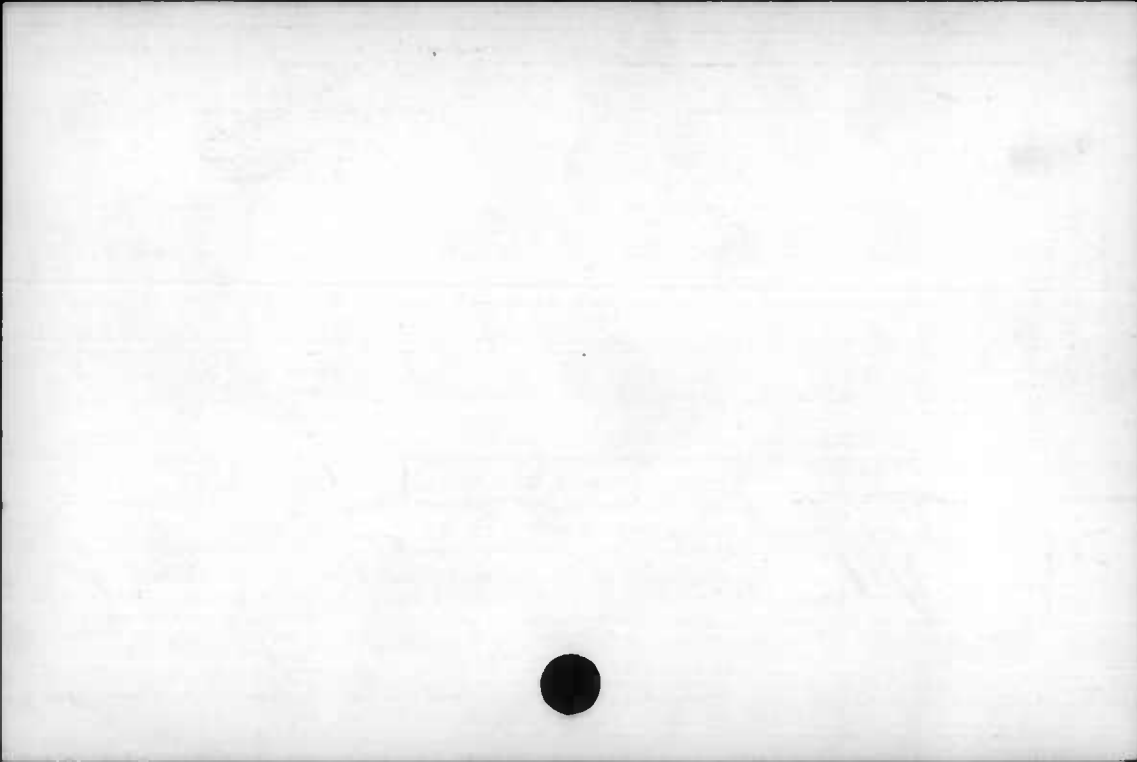
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Coroner

Address

J. J. Dressman

Accident



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

MARYLAND

Date _____

of death

Sex

Occupation

Married, Single
or Widowed

Father's
Name

Mother's
Maiden Name

Name of person giving information

Town

Month

Day

Age

Color or
Race

Nama of Wife or
Husband

County

Years

Months

Days

Birth-
place

Where Residing if not
at place of death

Father's Birthplace

Mother's
Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

Immadiste

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address _____

Accident or Suicide

How Long

How long

OFFICE SUPPLY CO. 2284

J. F. & W. Co

Catholic.

Name
in
Full

Mary Catharine Messman

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Crimmeland

Allegheny

Date

of death 1909

Month

Aug

Day

2

Age

Years

—

Months

5

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Crimmeland

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

None

Father's
Name

Scott Swearingen

Father's
Birthplace

Crimmeland

Mother's
Maiden Name

Francis Messman

Mother's
Birthplace

Crimmeland

Name of person giving
Information

Francis Messman

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Whooping-cough & Cholera Infantum 2 weeks.

Immediate

Exhaustion 2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

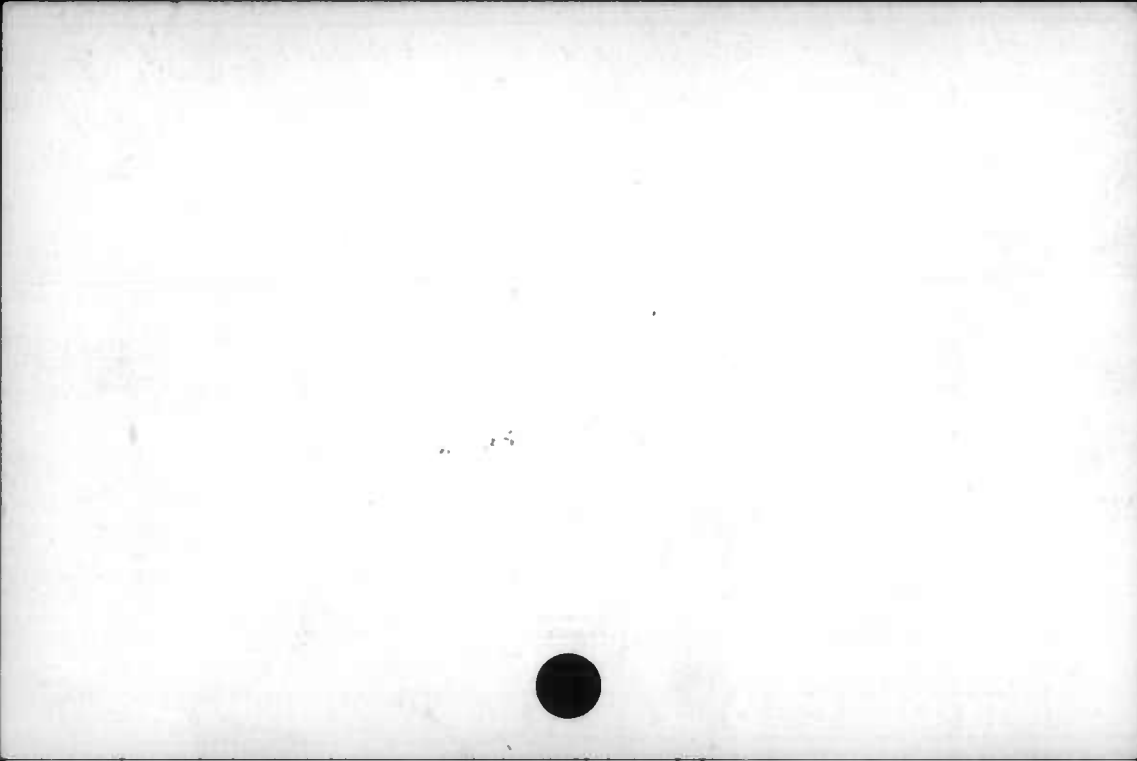
W. R. Hodges

Address

Crimmeland.

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDGeneva Middleton
Town
Died at Swiggstown Alle County

MARYLAND

Date
of death

1902 Aug 5 Age — Months 4 Days —

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

none

Where Reaiding if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

B F Middleton

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Hynes

Mother's
Birthplace

Md

Name of person giving
Information

John Ross

How related
to deceased

none

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

3 mos

Immediate

& heart

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Thos. A. Fader

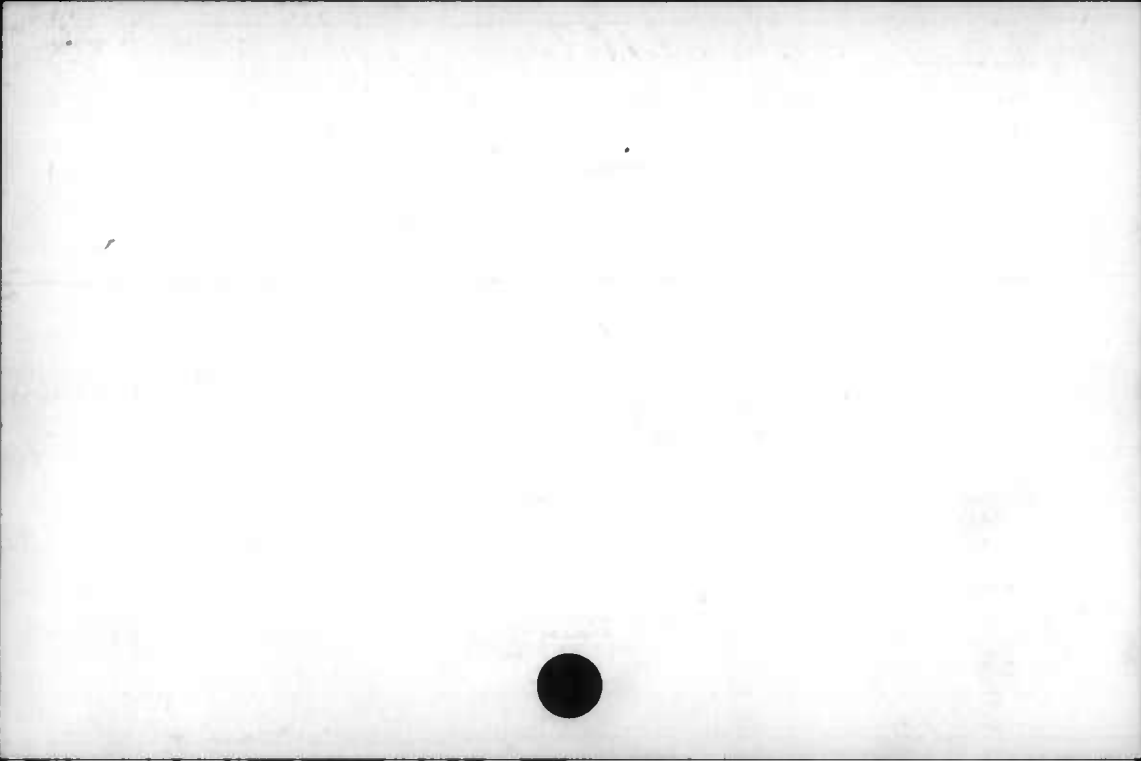
Address

Cumber Land
Md

Accident or Suicide

still

PHYSICIAN
OR CORONER



Name
in
Full

Inf Mr & Mrs Miller.

CERTIFICATE OF DEATH

Died at *Cumbers Land*

Town

County

MARYLAND

Date

of death

1909

Month

Aug.

Day

6

Age

Years

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Cumbers Land Md

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Charles Miller

Father's
Birthplace

Md

Mother's
Maiden Name

Helen Pryer

Mother's
Birthplace

Md

Name of person giving
Information

Helen Miller

How related
to deceased

sister

CAUSES OF DEATH

Primary

still born

How long

X

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Thos. H. Loew
Cumbers Land
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary E Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland Town Allegheny County MARYLAND
Date of death 1909 Aug Month 15 Day 70 Age 10 Months - Days
Sex Female Color or Race White Birth-place Ohio
Occupation retired Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband Edward D.
Father's Name Mark B Higginbotham Father's Birthplace Ireland
Mother's Maiden Name Jennie Scott Mother's Birthplace Scotland
Name of person giving Information Edward D. Miller How related to deceased Husband

CAUSES OF DEATH

154

Primary Old age How long About 5 yrs.
Immediate Exhaustion How long 3 wks.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Edward Harris
Cumtland
Ind.

Accident or Suicide

Ligonier IndPHYSICIAN
OR CORONER

Mason Hill Aug 21

Lord

Benford Hwy Aug 21

4, 000

Ligonier

Indiana

Mobile County

Lawrence Ind

Robt M. McMillan

CERTIFICATE OF DEATH

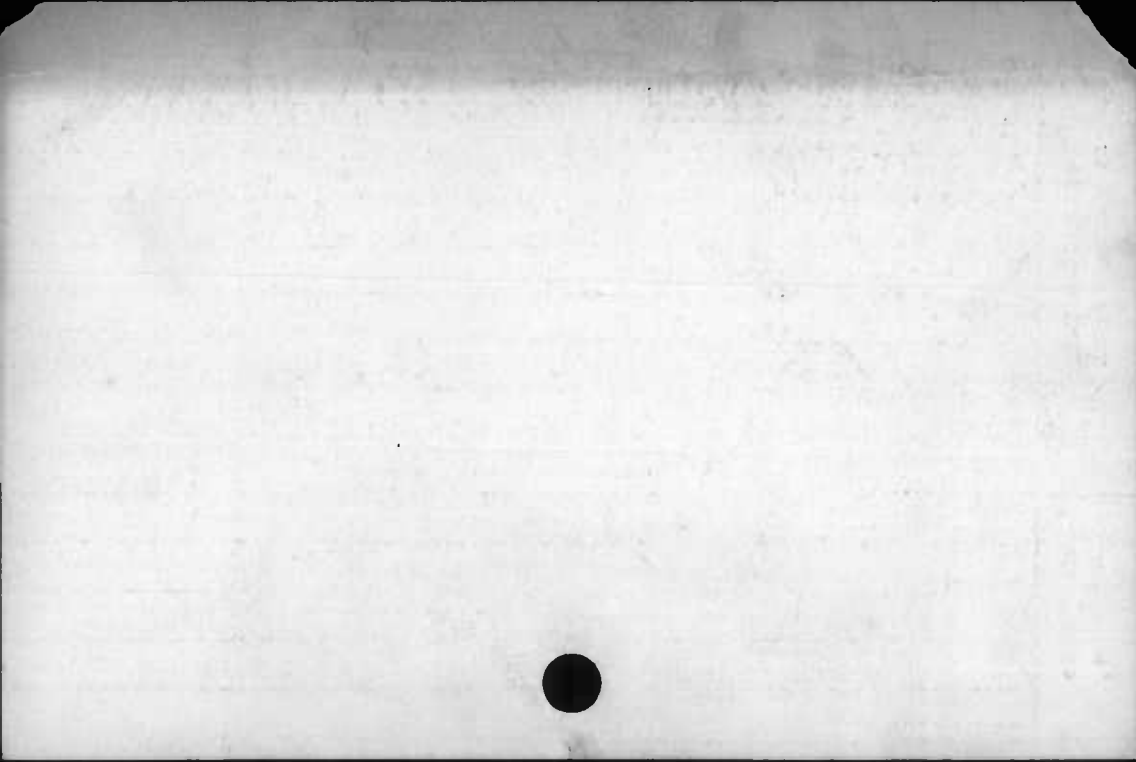
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lonscoring</i>		Town <i>Lonscoring</i>		County <i>Maryland</i>		MARYLAND	
Date of death 190 <i>9</i>	Month <i>August</i>	Day <i>9</i>	Age <i>18</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Lonscoring</i>					
Married, Single or Widowed <i>Single</i>	Occupation <i>Miner</i>						
Name of Wife or Husband <i>Hugh M. McMillan</i>							
Father's Name <i>Hugh M. McMillan</i>				Father's Birthplace <i>Keokuk B. McMillan</i>			
Mother's Maiden Name <i>Jennie E. McMillan</i>				Mother's Birthplace			
Name of person giving information <i>August Eichorn</i>				How related to deceased <i>Under-taker</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accident</i>	How long	<i>not-at-all</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>White</i>	Signature of Physician <i>Dennis E. O'Seal Coroner</i>		
<i>D. E. O'Seal</i>	Address <i>Lonscoring</i>		
Accident or Suicide? <i>Coroner</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Joseph Moshinski* Town *Eckhart* County *Allegheny*
 Date of death *1909* Month *Aug* Day *13* Age *56* Years Months *5* Days
 Sex *M* Color or Race *White* Birth-place *Poland*
 Occupation *Miner Saddle* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband *Mary Moshinski*
 Father's Name *Thos Moshinski* Father's Birthplace *Poland*
 Mother's Maiden Name *Mary Superschinski* Mother's Birthplace *Poland*
 Name of person giving information *John Moshinski* How related to deceased *Son*

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary *Complications of Typhoid* How long *3 months*
 Immediate *Exhaustion* How long *few days*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *[Signature]*
 Address *900 11th St*
 Accident or Suicide?

Catholic
Cemetery

Name
in Full

Emma Matilda Morris

CERTIFICATE OF DEATH

Died at *Cumtreland, Allegany* MARYLAND

Date of death 1909 *Aug* *25* Age *49*

Sex *Female* Color or Race *White* Birth-place *West Va*

Occupation *Housekeeper* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Grant Morris*

Father's Name *Edward Plankey* Father's Birthplace *Germany*

Mother's Maiden Name *Barbara Ambuster* Mother's Birthplace *Germany*

Name of person giving Information *Grant Morris* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Chronic Bright's Dis.* How long *2 1/2 yrs*

Immediate *Exhaustion* How long *3 days -*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. F. Tarr.
Cumtreland, W. Va.

Address

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Steve.

Assistant Coroner



Name
in
Full

Genevieve Corinne Mullin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cumbers Land.*

Town

County

MARYLAND

Date

of death

1909 Aug.

Month

Day

10

Age

Years

-

Months

Days

20

Sex

Female

Color or
Race

White

Birth-
place

Cumberland, Md

Occupation

-

Where Residing if not
at place of death

-

Married, Single
or Widowed

-

Name of Wife or
Husband

-

Father's
Name

D. S. Mullin

Father's
Birthplace

Hyndman Pa.

Mother's
Maiden Name

Maud Grieb

Mother's
Birthplace

Pa.

Name of person giving
Information

D. S. Mullin

How related
to deceased

Father

CAUSES OF DEATH

Primary

Enteric Colitis

Immediate

4 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Thos. W. Ford

Cumberland Land

Md

Accident or Suicide

S.S.

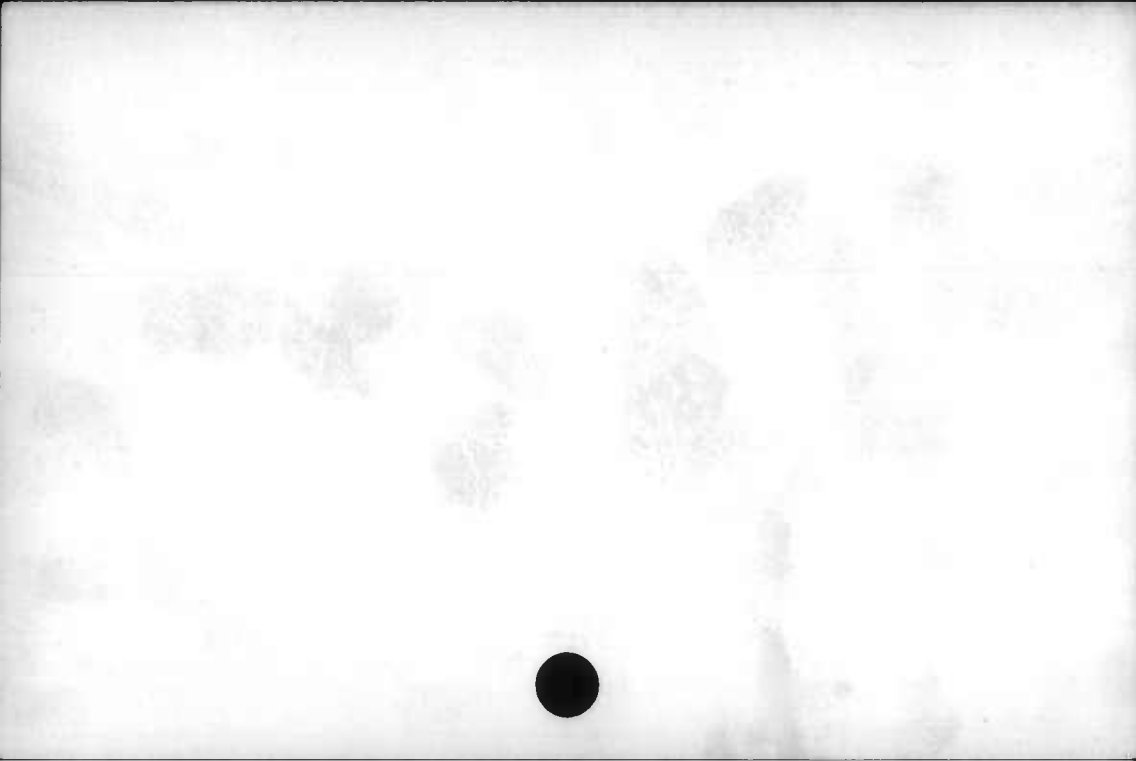
105

How long

10 days

How long

PHYSICIAN
OR CORONER



Name
in Full

Lammal Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Donacona</u>		Town		<u>Allegheny</u>		County		MARYLAND	
Date of death <u>1909</u>		Month <u>Aug</u>		Day <u>2</u>		Year <u>69</u>		Months <u>2</u> Days <u>17</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>British America</u>					
Occupation <u>Retired miner</u>		Where Residing if not at place of death <u>—</u>							
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Grace Laid</u>							
Father's Name <u>Joseph Nichols</u>		Father's Birthplace <u>England</u>							
Mother's Maiden Name <u>Elizabeth Loyd</u>		Mother's Birthplace <u>England</u>							
Name of person giving Information <u>Mrs. Lammal Nichols</u>		How related to deceased <u>Wife</u>							

CAUSES OF DEATH

How long

14

How long

Since 1865

How long

3 days

PHYSICIAN
OR CORONER

Primary Chronic Dysentery
Atomiting

Immediate

Are the name, age, sex, color, date and place correctly given above?

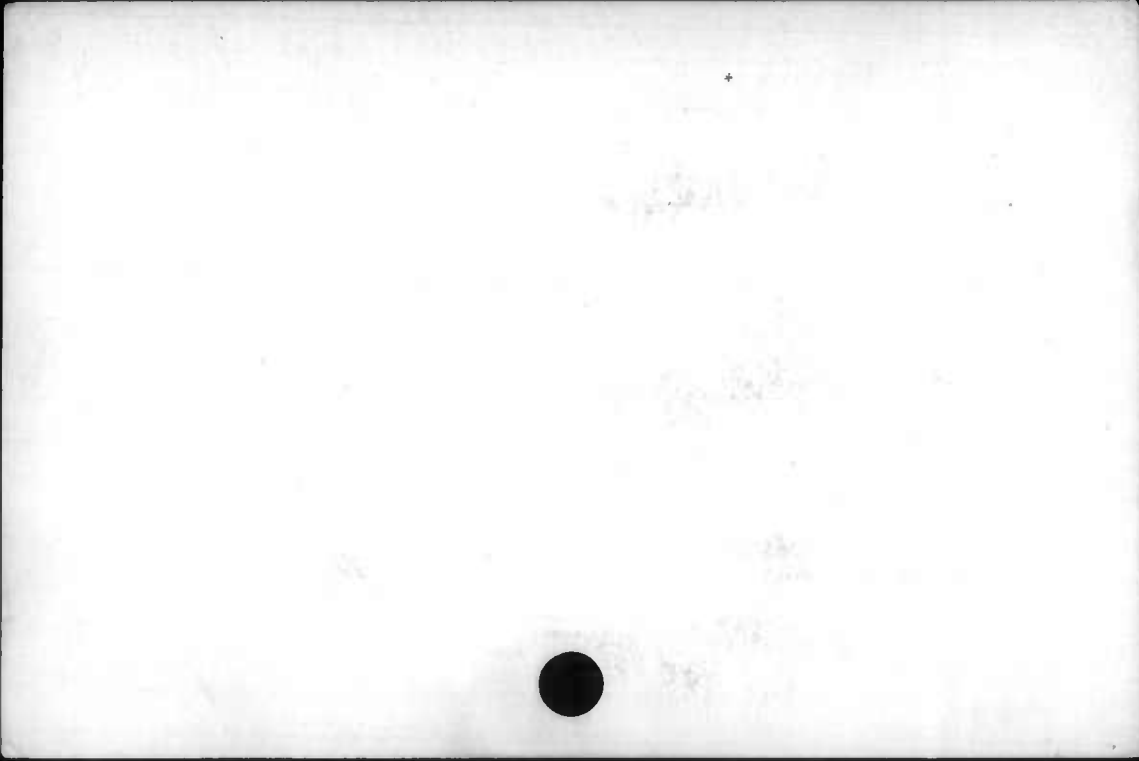
Signature of Physician

Address

Henry M. Hodgson R. M.
Donacona, Md

Accident or Suicide

no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Chester Leo Kuse
Town *Cumulus* County *Allegh*
Died at
Date of death 1909 *Aug* Month *3* Day *8* Years *9* Months *9* Days
Sex *Male* Color or Race *White* Birth-place *Ind*
Occupation *None* Where Residing if not at place of death *—*

MARYLAND

Married, Single or Widowed *Single* Name of Wife or Husband *None*
Father's Name *John Kuse* Father's Birthplace *Ind*
Mother's Maiden Name *Susie Twigg* Mother's Birthplace *Ind*
Name of person giving Information *John Kuse* How related to deceased *Father.*
CAUSES OF DEATH

105
How long *2 mos*
How long *—*

PHYSICIAN
OR CORONER

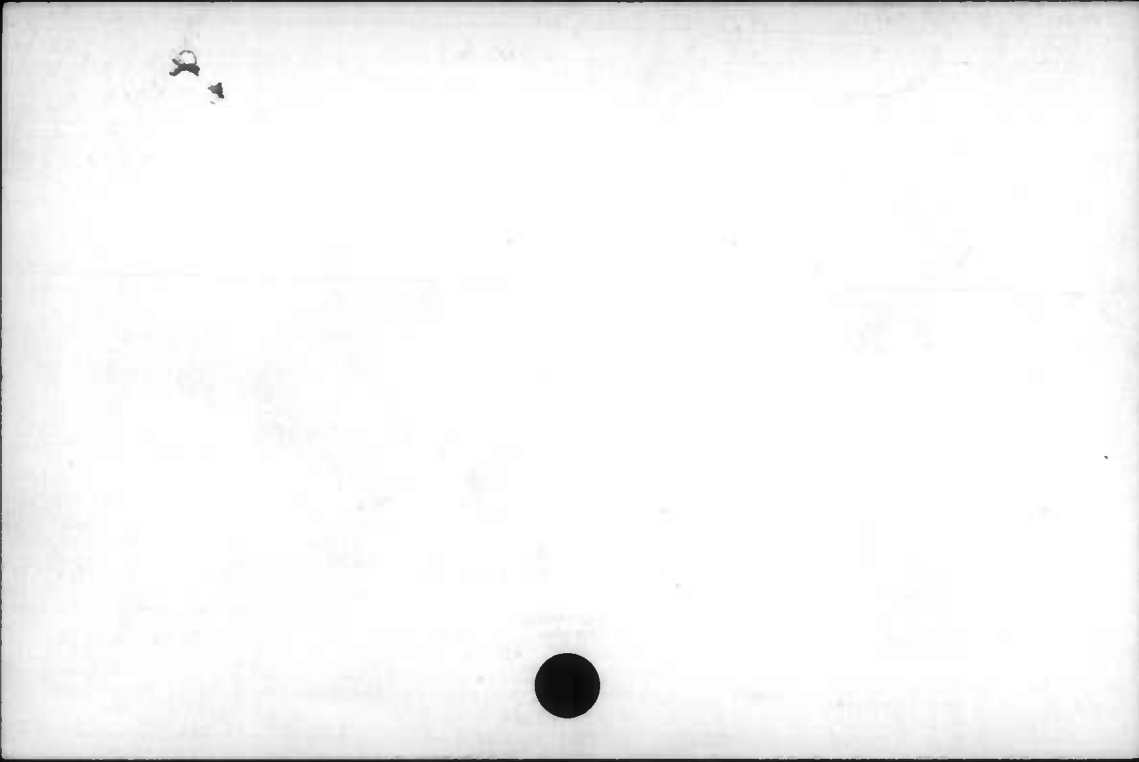
Primary *Enteric Colitis*
Immediate *& Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Steve

Accident or Suicide

Signature of Physician *Thos. A. Koser*
Address *Cumulus Ind*



Name
in
Full

CERTIFICATE OF DEATH

Mary O'Neil

TO BE ANSWERED BY
NEAREST FRIEND

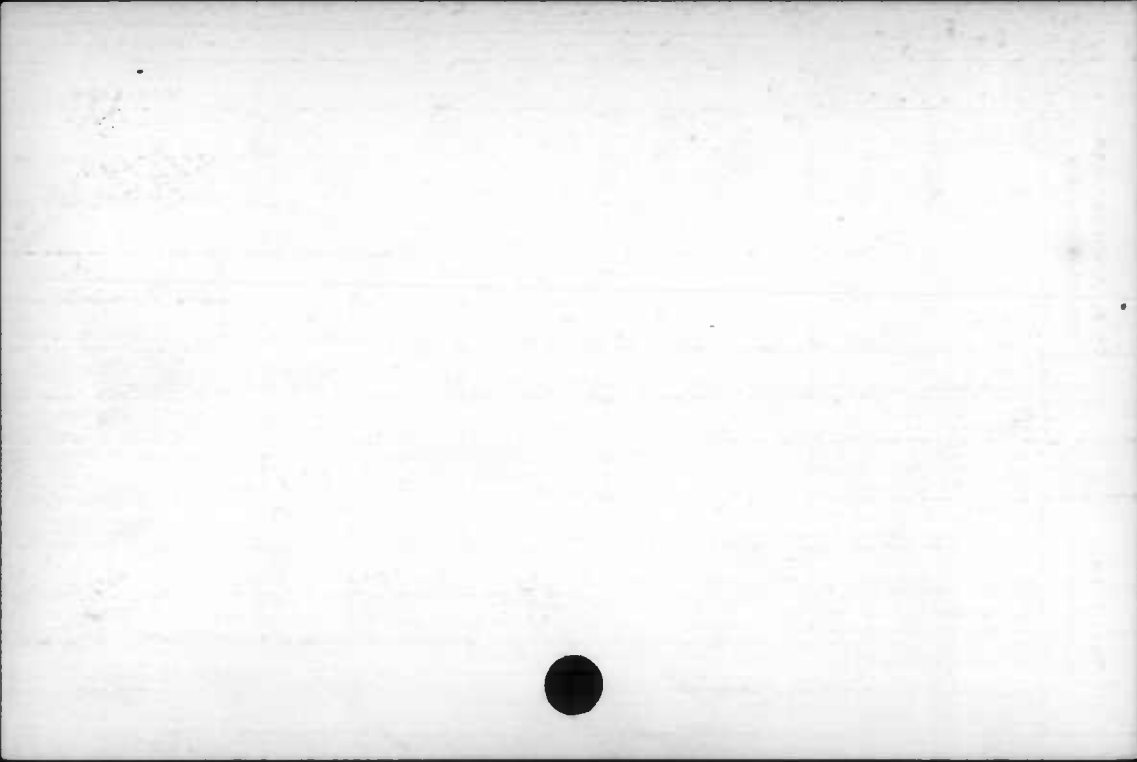
Died at ^{Town} <i>Ind Sarag</i>		^{County} <i>Allegheny</i>		MARYLAND	
Date of death 190 ^{Month} <i>9</i> ^{Day} <i>August</i> ^{Years} <i>20</i>		Age ^{Months} <i>8</i> ^{Days} <i>8</i>			
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Richard O'Neil</i>				
Father's Name <i>John Malloy</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Anne Kelly</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving Information <i>Eugene O'Neil</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Chronic Disease</i>	How long <i>several months</i>
Immediate <i>Apoplexy</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. Alan J. Murray M.D.</i>
	Address <i>Ind Sarag</i>
Accident or Suicide	



Name
in
Full

Carl Orsino.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> <small>Town</small>		<i>Alleg.</i> <small>County</small>		MARYLAND	
Date of death 190 <i>9</i> <small>Month</small> <i>8</i> <small>Day</small>		Age <i>16</i> <small>Years</small>		Months <i>3</i> Days <i>15</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>	
Occupation <i>—</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>Rosina Cotacita</i>			
Father's Name <i>Gastano Orsino</i>		Father's Birthplace <i>Old Country</i>			
Mother's Maiden Name <i>Pearl Arnonie</i>		Mother's Birthplace <i>Italy</i>			
Name of person giving Information <i>Gastano Orsino</i>		How related to deceased <i>Stepfather</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>		How long <i>1 wk.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo L Linger M.D.</i>	
		Address <i>Frostburg Md</i>	
Accident or Suicide			

J. Hays
Catharine L. Hays

Name
in
Full

Clara Louisa Parker
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at *Cumtad*

Allegheny

Date of death 1909 *Aug.*

Day *4*

Age *—*

Months *2*

Days *—*

Sex *Female*

Color or Race *White*

Birth-place *Cumtad.*

Occupation *—*

Where Residing if not at place of death *—*

Married, Single or Widowed *—*

Name of Wife or Husband *—*

Father's Name *Henry J. Parker*

Father's Birthplace *New York*

Mother's Maiden Name *Mary Chandler*

Mother's Birthplace *Va.*

Name of person giving Information *Henry J. Parker*

How related to deceased *Father*

CAUSES OF DEATH

105

Primary *Enterocolitis*

How long *2 days*

Immediate *Exhaustion*

How long *1 week*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician

Address

*Dr. J. J. Twigg,
Cumtad,
Va.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

138. Grand ave

4 vols. f. m.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Corad Paul Pfaff* County *Allegheny* MARYLAND
Died at *Frostburg* Town *Frostburg*
Date of death *1909 Aug 10* Month *Aug* Day *10* Age *33* Years *7* Months *4* Days
Sex *male* Color or Race *white* Birth-place *Frostburg*
Occupation *miner* Where Residing if not at place of death *_____*
Married, Single or Widowed *married* Name of Wife or Husband *Bridget Jack Pfaff*
Father's Name *Conrad Pfaff* Father's Birthplace *Frostburg*
Mother's Maiden Name *Jennie Dohring* Mother's Birthplace *Cincinnati, O.*
Name of person giving Information *Conrad Pfaff* How related to deceased *father*

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary *Diabetes* How long *2 years*
Immediate *weakness heart failure* How long *half hour*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *Geo. L. Dohring*
Address *Frostburg Md*
Accident or Suicide *_____*

McLuskies
Secretary

Name
in Full

Jennie E. Pfaff.

CERTIFICATE OF DEATH

Died at Frostburg ^{Town} Allegany ^{County} MARYLAND

Date of death 1909 8 ^{Month} 3 ^{Day} Age 1 ^{Years} 6 ^{Months} 2 ^{Days}

Sex female Color or Race white Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed —Name of Wife or Husband —

Father's Name

Gebrat Pfaff

Father's Birthplace

Ind

Mother's Maiden Name

Sauerbange

Mother's Birthplace

Ind

Name of person giving Information

Hager

How related to deceased

understander

CAUSES OF DEATH

105

Primary

Ectero-Colitis

How long

2 wks

Immediate

Exhaustion

How long

5

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. M. Greer
Frostburg Ind

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Persey

Name
in
Full

Infant Plummes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumber		County Allegh		MARYLAND	
Date of death		Month 1909 Aug	Day 26	Age 0	Months 0	Days 0	
Sex male		Color or Race white		Birth-place Barnes Md			
Occupation none				Where Residing if not at place of death none			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Chas P. Plummes				Father's Birthplace Md			
Mother's Maiden Name Dorothy Young				Mother's Birthplace Md			
Name of person giving Information Chas P. Plummes				How related to deceased Father			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature birth, 5 mos	How long	Ser. hours
Immediate	Exhaustion	How long	Ser. minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician @ H Brace MD	
		Address Cumber Md	
Accident or Suicide			

2

Name
in
Full

CERTIFICATE OF DEATH

Grace Reitenbach

MARYLAND

Died at *Old Town* *Allegheny Co*

Date of death *1909 aug 22* Age *85*

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation *Farmer* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving Information *JR Kirk* How related to deceased *none*

CAUSES OF DEATH

123

Primary *Cystitis & Nephritis* How long *6 Mths*
Immediate *Uraemic Poisoning* How long *3 days*

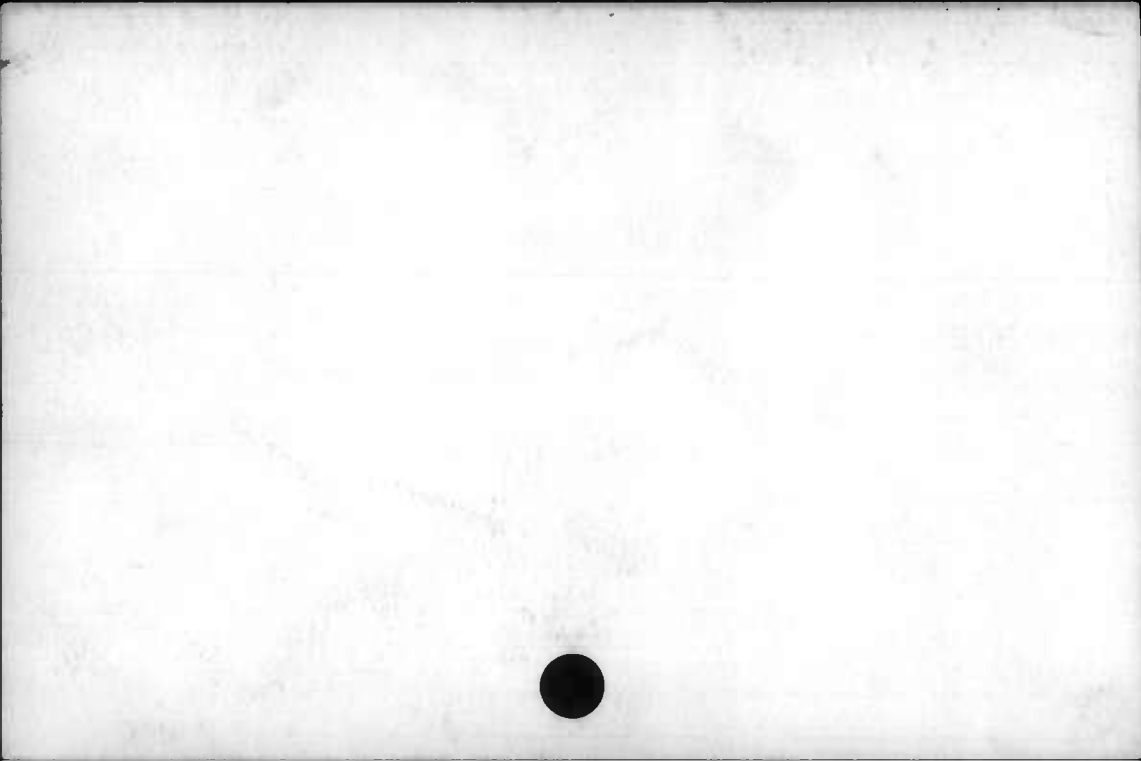
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J Raymond Kirk*
Address *Penn Penn W Va*

Accident or Suicide *Mifflinburg Pa*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>infant</i> <i>Reynolds</i>		Town <i>Eddesville</i> County <i>Accegang</i>		MARYLAND	
Date of death 1909	Month <i>Aug</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i> Days <i>—</i>
Sex <i>ma</i>	Color or Race <i>White</i>		Birth-place <i>near Eddesville</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Benjamin F Reynolds</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>May B Reynolds</i>			Mother's Birthplace <i>W. Va.</i>		
Name of person giving information <i>Benjamin F Reynolds</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>6 mos</i>
Immediate <i>Anemia</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Leah B. Smith</i>
<i>Streni</i>	Address <i>Eddesville</i>
Accident or Suicide? <i>no</i>	<i>MD</i>

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellerslie</i>		County <i>Alleghany</i>		MARYLAND	
Date of death 1907	Month 8-	Day 1	Age 38	Years 1	Months 17
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Keyser wva</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>He wife</i>				
Name of Wife or Husband <i>Benj. F. Reynolds</i>					
Father's Name <i>Cornelius Black Bear</i>			Father's Birthplace <i>Wva</i>		
Mother's Maiden Name <i>Heigh</i>			Mother's Birthplace <i>Wva</i>		
Name of person giving information <i>Benj. F. Reynolds</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary <i>Bright's disease & Endocarditis</i>	How long <i>3 months</i>
Immediate <i>Premature Labor & Shock</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Heart. Smith</i>
<i>Heigh</i>	Address <i>Ellerslie</i>
Accident or Suicide? <i>no Runny Wva</i>	<i>Wva</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Florence Sheetz

Town

County

MARYLAND

Died at

Baltimore

Alleg

Date

of death

1909

Month

Aug

Day

14

Age

Years

Months

Days

14

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

never

Name of Wife or
HusbandFather's
Name

Smith Sanford Sheetz

Father's
Birthplace

Va

Mother's
Maiden Name

Berdie Miller

Mother's
Birthplace

Va

Name of person giving
Information

Sanford Sheetz

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Acute Gastro Enteritis

How long

10 days

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Stein

P. Owens M.D.
Cumberland Md

Accident or Suicide

PHYSICIAN
OR CORONER

1130/10/81

Name
in
Full

Annie Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Aug	12		—	8	7
Sex	Female	Color or Race	White		Birth-place	Cumberland	
Occupation	None		Where Residing if not at place of death		—		
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	Oscar Simmons				Father's Birthplace	Md.	
Mother's Maiden Name	Fannie Swack				Mother's Birthplace	Cumberland	
Name of person giving Information	Joseph Swack				How related to deceased	G. Father	

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	Pertussis	How long	4 weeks
Immediate	4 hours	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Heard.		J. H. Ochman	
Accident or Suicide		Address	
		Foghtman	



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bertilona Smith

Town

County

MARYLAND

Died at *Cumtld Alleg*

Date of death 1908 *Aug* *25* Age *64*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housekeeper* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Wolfgang Smith*

Father's Name *Jacob Weisenmiller* Father's Birthplace *Germany*

Mother's Maiden Name *Don't know* Mother's Birthplace *D.K.*

Name of person giving Information *Wolfgang Smith* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Diabetes* How long *Don't know*

Immediate *Diabetic coma & exhaustion* How long *36 hours*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *J. V. Denning Md*

Address

*134 N Center St
Cumtld Md*

Accident or Suicide

PHYSICIAN
OR CORONER

65

Margaret Lewis

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Miss Ora Smith
Died at ^{Town} Cumberland ^{County} Maryland

Date of death 190 ^{Month} 9 ^{Day} Aug ^{Age} 22 ^{Years} 0 ^{Months} 0 ^{Days} 0

Sex Male Color or Race White Birth-place Camb'd, Md.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Not Known Father's Birthplace Not Known

Mother's Maiden Name Miss Ora Smith Mother's Birthplace N. Va.

Name of person giving Information Miss Ora Smith How related to deceased Mother,

CAUSES OF DEATH

151

Primary Immature Birth How long 4 Mo

Immediate Not Known How long 1 wk

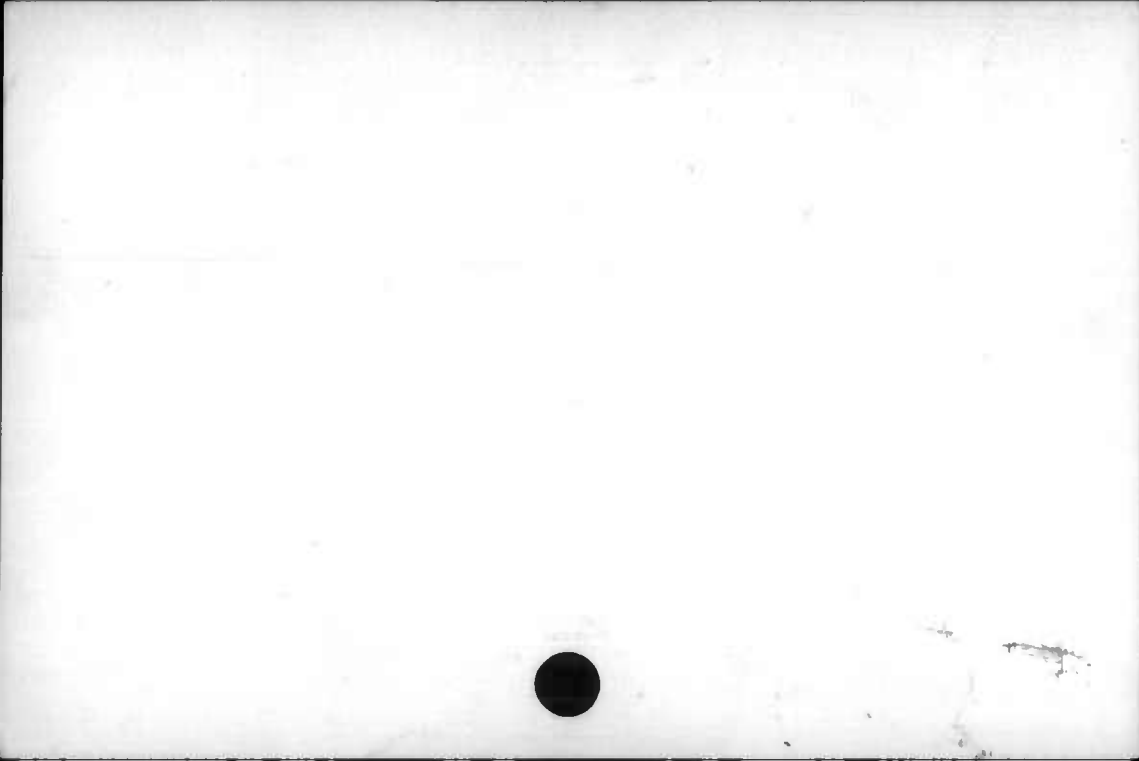
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician St. F. Twigg, Address Camb'rland, Md.

PHYSICIAN
OR CORONER

State

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Firstburg</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Date of death		Month <i>9</i>	Day <i>7</i>	Age	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Allegheny</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband			
Father's Name <i>George Stevens</i>				Father's Birthplace <i>Allegheny</i>			
Mother's Maiden Name <i>Anna Williams</i>				Mother's Birthplace <i>Allegheny</i>			
Name of person giving information <i>George Stevens</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Illis - Colitis</i>	How long	<i>5- weeks</i>
Immediate	<i>Cardiac exhaustion</i>	How long	<i>Short time</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Cole</i>
		Address	<i>Firstburg</i>
Accident or Suicide?			

L. F. & V. Co.

Allegheny

Name
in
Full

Wite T. Stickley

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cumberland alleg.

Date

of death 1909 Aug.

Month

Day

6

Age

Years

—

Months

1

Days

14

Sex

Male

Color or
Race

White.

Birth-
place

Md.

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Wite T. Stickley

Father's
Birthplace

W. Va.

Mother's
Maiden Name

Elliott Smith.

Mother's
Birthplace

Md.

Name of person giving
Information

H. T. Stickley

How related
to deceased

Father.

CAUSES OF DEATH

124

Primary

vesical renal failure

How long

6 weeks

Immediate

incurable

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. T. Stickley M.D.

Address

Cumberland Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

26 Y. Dinkley
110. 1000 ft

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Carl Taylor* Town *Cumberland* County *Alleg*
Died at *Cumberland* Maryland
Date of death 1909 Aug 10 Age 1 Months 2 Days *1*
Sex *Male* Color or Race *White* Birth-place *Ind*
Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *none*
Father's Name *Joseph Taylor* Father's Birthplace *Ohio*
Mother's Maiden Name *Nellie Bowser* Mother's Birthplace *Pa*
Name of person giving Information *Joseph Taylor* How related to deceased *Father*

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary *Gastro-enteritis* How long *Ten days*
Exhaustion How long *24 hours.*
Immediate
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. R. Hodges*
Stein Address *Cumberland, Md.*
Accident or Suicide *Hodges*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John T. Trigg* Town *Platons Md* County *Allegany*
 Died at *Platons Md* MARYLAND
 Date of death *1909 August 10* Age *42* Months Days
 Sex *Male* Color or Race *White* Birth-place *Allegany Co. Pa.*
 Occupation *Farmer* Where Residing if not at place of death *Platons Md.*
 Merriad, Single or Widowed *Married* Name of Wife or Husband
 Father's Name *Weston* Father's Birthplace *Allegany Co.*
 Mother's Maiden Name *Baxter* Mother's Birthplace *Pa. Bedford Co.*
 Name of person giving Information *Shuman Trigg* How related to deceased *Nephew*

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary *Colitis* How long *Three weeks*
 Immediate *Mitral Insufficiency* How long
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A. P. Trigg*
 Address *Platons Md.*
 Accident or Suicide

Card came on chest
from Dr. Irving
Wick.



Name
in
Full

Mary Wagner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brimm Town Alleg County

MARYLAND

Date of death 1909 Aug. 22 Age 52 Months - Days -

Sex Female Color or Race White Birthplace Pa

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Charles Wagner

Father's Name Jacob Daehl Father's Birthplace Pa

Mother's Maiden Name Do not know Mother's Birthplace D.K.

Name of person giving Information Geo. C. Steikman How related to deceased Son

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary Melancholia

Immediate Cause Suicide by hanging

Are the name, age, sex, color, date and place correctly given above? Yes.

How long

How long

Signature of Physician

Address

Stein

Coroner John J. Dressman

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Mrs Ellen J. Williams

Town

County

MARYLAND

Died at *Cumbar*

Date

Month

Day

Years

Months

Days

of death

1909

Aug

24

Age

63

Sex

Female

Color or
Race

~~White~~ Col

Birth-
place

md

Occupation

Housekeeper

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

John Williams

Father's
Name

don't know Pinkney

Father's
Birthplace

D K

Mother's
Meiden Name

don't know

Mother's
Birthplace

D K

Name of person glying
Information

John Williams

How related
to deceased

Husband

CAUSES OF DEATH

64

Primary

Bright's disease

How long

2 yrs

Immediate

Apoplexy

How long

3 hrs

Are the name, age, sex, color, date
and place correctly given above?

Stark

Signature of
Physician

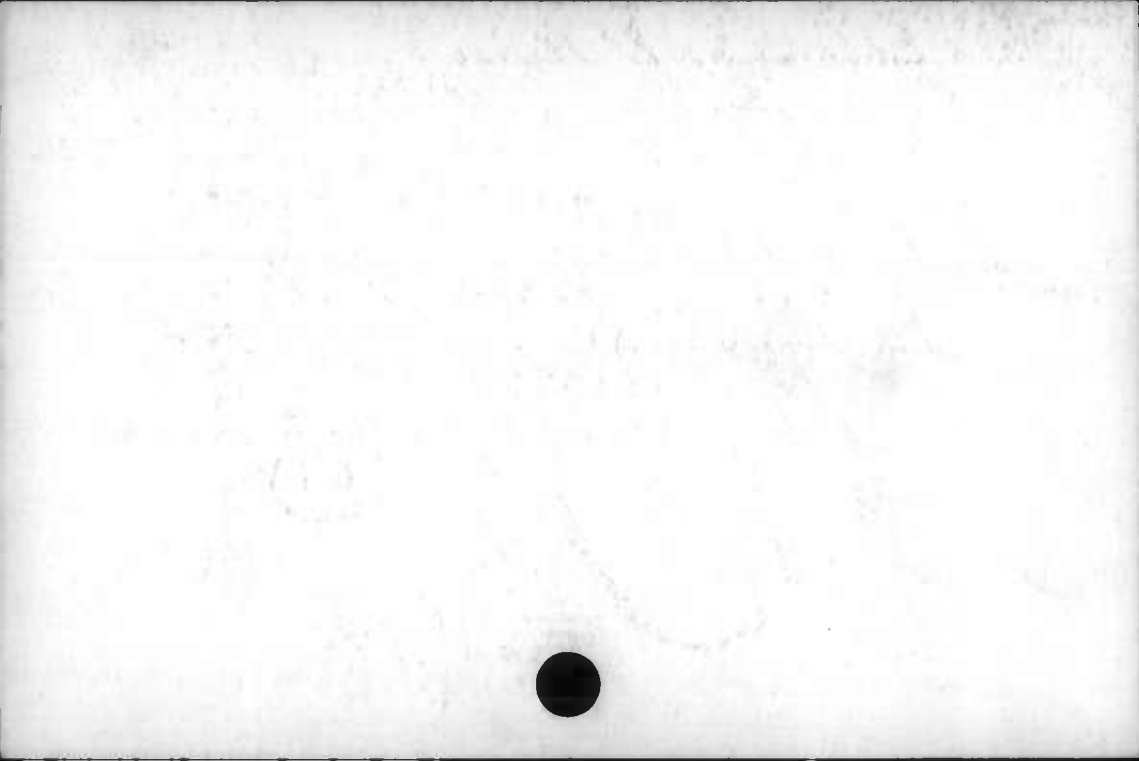
Address

A. L. Hancock
Cumberland
Franklyn Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Thomas J Williams

Town

County

MARYLAND

Died at

Frostburg Allegany

Date

of death

190

9

Aug

20

Age

64

Months

Days

Years

Months

Days

Sex

male

Color or
Race

white

Birth-
place

wales

Occupation

Miner

Where Residing if not
at place of death

Frostburg

Married, Single
or Widowed

Married

Name of Wife or
Husband

Ellen armstrong

Father's
Name

John L. Williams

Father's
Birthplace

Wales

Mother's
Maiden Name

Elisabeth Jones

Mother's
Birthplace

wales

Name of person giving
Information

Wm Williams

How related
to deceased

Son

CAUSES OF DEATH

Primary

Carcinoma of Stomach &
Liver

How long

10 or more

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. J. H. Smith

Address

Frostburg Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. F. & Co.

Allegany Cemetery